

**2019 SUMMARY OF LEGISLATION**

---



**HEALTH  
CARE**

---



# HEALTH CARE MEASURES

<b>Behavioral Health and Addiction</b>	Enacted	SB 133, SB 134, SB 138, HB 2215, HB 2257, HB 2638, HB 2691
	Not Enacted	SB 135, SB 141-A, SB 526, SB 588-A, SB 808, HB 2035, HB 2339, HB 2621, HB 2624, HB 2627-A, HB 2667, HB 2831, HB 3095-A
<b>Children’s Health</b>	Enacted	HB 3165
	Not Enacted	SB 130-A, SB 131, SB 721
<b>Health Coverage and Affordability</b>	Enacted	SB 9, HB 2706-A
	Not Enacted	SB 537, SB 749, SB 887, SB 911, HB 2269-A, HB 2511, HB 2693, HB 2845, HB 3262
<b>Health Care Entities</b>	Enacted	SB 23, SB 815, HB 3076
	Not Enacted	SB 140-A, SB 900, HB 2687, HB 2717-A, HB 3307
<b>Health Insurance and Regulation</b>	Enacted	SB 249, SB 250, SB 740, HB 2010, HB 2037, HB 2039, HB 2266, HB 3074
	Not Enacted	SB 139-A, SB 236, SB 242-A, SB 587, SB 734-A, HB 2703, HB 3075
<b>Oregon Health Plan (Medicaid), Health Transformation</b>	Enacted	SB 770, SB 889, SB 1041, HB 2267, HB 2692,
	Not Enacted	SB 735-A, SB 765-A, SB 780-A, SB 841, SB 1030, HB 2009, HB 2012, HB 3279, HB 3397-B
<b>Prescription Drugs</b>	Enacted	SB 698, HB 2185, HB 2303-B, HB 2609, HB 2658, HB 2935, HB 3273
	Not Enacted	SB 150, SB 409-A, SB 872-A, HB 2217-A, HB 2678-B, HB 2679, HB 2680-A, HB 2689-A, HB 2690, HB 2753, HB 2799, HB 2840-A, HB 2961, HB 3192

<b>Public Health</b>	Enacted	SB 27, SB 28, SB 29, SB 142, SB 253, SB 910, HB 2270, HB 2317, HB 2510, HB 2563, HB 2600
	Not Enacted	SB 387, SB 544, SB 649, SB 599, HB 2610, HB 2622, HB 2986-A, HB 3063
<b>Workforce, Professional Licensure and Training</b>	Enacted	SB 60, SB 61, SB 62, SB 63, SB 64, SB 65, SB 66, SB 67, SB 127, SB 128, SB 129, SB 136, SB 742, SB 823, SB 824, SB 834, SB 835, SB 1027, HB 2011, HB 2040, HB 2220, HB 2265
	Not Enacted	SB 124, SB 144, SB 204, SB 452-A, SB 754, SB 941, HB 2190, HB 2945

Picture: This photo by Unknown Author is licensed under [CC BY-SA](#)

# TASK FORCES AND REPORTING REQUIREMENTS

The following bills created task forces or reporting requirements. Additional information is provided in the bill summaries.

Bill Number	Description	Deadline
SB 138	Requires the Mental Health Clinical Advisory Group to report to the Legislative Assembly on its progress in developing evidence-based algorithms for mental health drugs.	December 31, 2020
SB 770	Establishes the Task Force on Universal Health Care and requires Task Force to submit a report containing recommendations for the design of the Health Care for All Oregon Plan to the 2021 regular session of the Legislative Assembly.	2021 Regular Session
	Requires Oregon Health Authority (OHA) to submit the plan for the Medicaid Buy-In program by May 1, 2020.	May 1, 2020
SB 823	Requires the Director of the Department of Consumer and Business Services to compile and report health care employer security and safety evaluations.	March 22, 2022
SB 889	Requires the Health Care Cost Growth Benchmark Implementation Committee to report on program specifications, including recommendations on enforcement actions when a provider or payer fails to remain at or below the health care cost growth benchmark.	September 15, 2020

SB 1041	Requires OHA to report on the advisory group's recommendations for reconciling reporting differences no later than September 15, 2020.	September 15, 2020
	Requires OHA to annually report, and make readily available to the public, on an easily accessible website, specified Coordinated Care Organizations' financial information by August 1 of each year beginning in 2021.	August 1, 2021 and annually thereafter
HB 2257	Requires the Department of Corrections to study and report on substance use disorder (SUD) treatment options for individuals in custody by July 1, 2020. Directs OHA to convene an advisory group to study accreditation standards for SUD treatment programs.	July 1, 2020
	Requires OHA to report annually to the Legislative Assembly on the pilot program; sunsets pilot program January 2, 2022.	Annually until January 2, 2022
HB 2266	Requires OHA to report to Legislative Assembly on actions and strategies to limit the growth in per-member expenditures and reducing the total cost of delivering care in PEBB and OEBC.	December 31, 2019
HB 2563	Requires the Newborn Bloodspot Screening Board to report findings and recommendations for legislative changes to the Legislative Assembly no later than September 15 of each even-numbered year.	September 15 of each even-numbered year
	Requires Board to conduct its first meeting and report its findings no later than December 15, 2019.	December 15, 2019
HB 3076	Requires OHA to report on the implementation of financial assistance policies for nonprofit hospitals by December 31, 2022. Requires health care facilities to annually report specified financial data to OHA.	December 31, 2022
HB 3273	Requires Department of Environmental Quality to report to the Legislative Assembly by July 1, 2023 describing the administration of the drug take-back program.	July 1, 2023

### [Senate Bill 9](#)

Effective Date: May 13, 2019

#### Emergency Refills of Insulin

**Chief Sponsors:** Sens. Courtney, Linthicum

**At the request of:** Secretary of State Dennis Richardson

**Committees:** Senate Health Care, House Health Care

**Background and Current Law:** Insulin therapy is used in the treatment of diabetes to help keep a person's blood sugar within the target range. Failure to appropriately manage blood sugar levels can have serious health consequences, including impacts to the heart, kidneys, and eyes. Current Oregon Board of Pharmacy rules allow pharmacists to use their professional judgment in permitting emergency refills of prescription drugs.

**Bill Summary:** Senate Bill 9 permits pharmacists to prescribe and dispense emergency refills of insulin and associated insulin-related devices and supplies. The bill limits individuals to three emergency refills per calendar year and requires medical assistance programs, such as the Oregon Health Plan, and health benefit plans to provide reimbursement for the emergency prescriptions.

**Oregon Laws 2019:** Chapter 095

---

### [Senate Bill 23](#)

Effective Date: January 1, 2020

**At the request of:** Governor Kate Brown for Oregon Health Authority

**Committees:** Senate Health Care, Joint Ways and Means

**Background and Current Law:** Current statute allows the Oregon Health Authority (OHA) to request discharge records from hospitals, ambulatory surgical centers, and extended stay centers, but makes the reporting of discharge information voluntary on the part of the facility. Discharge data and information provides insight into health care delivery that is used by OHA to inform health policy development, program implementation, and system evaluation.

**Bill Summary:** Senate Bill 23 mandates the reporting of ambulatory surgery, inpatient, and emergency department discharge records by hospitals, ambulatory surgical centers, and extended stay centers licensed to operate in Oregon. The bill requires OHA to notify facilities of changes to the reporting data sets no later than July 1st of the year preceding the effective date of the changes.

**Oregon Laws 2019:** Chapter 537

[Senate Bill 27](#)

Effective Date: July 1, 2019

**Oregon Drinking Water Quality Act Fees**

**At the request of:** Governor Kate Brown for Oregon Health Authority

**Committees:** Senate Health Care, Joint Ways and Means

**Background and Current Law:** The Oregon Health Authority (OHA) is the primary agency responsible for enforcing the federal Safe Drinking Water Act. OHA's responsibilities include conducting periodic sanitary surveys of water systems and sources to assess their capability to supply safe drinking water, taking water samples, and inspecting records to ensure that water systems are not creating an unreasonable risk to health. Currently, OHA only has authority to recover the costs of conducting surveys on regulated drinking water systems and sources.

**Bill Summary:** Senate Bill 27 allows OHA to assess fees on water suppliers to partially defray the costs related to safe drinking water surveying and enforcement. The bill requires the fees to be graduated based on the size and type of the water system.

**Oregon Laws 2019:** Chapter 509

---

[Senate Bill 28](#)

Effective Date: June 27, 2019

**Tourist and Food Service Facility License Fees**

**At the request of:** Governor Kate Brown for Oregon Health Authority

**Committees:** Senate Health Care, Joint Ways and Means

**Background and Current Law:** The Oregon Health Authority (OHA) works in partnership with local health departments to license, inspect, and enforce standards for tourist facilities, swimming pools, and food service establishments. Current fees used to support this oversight have not been revised since 2003.

**Bill Summary:** Senate Bill 28 increases the license fees for tourist facilities; public spas, pools, and bathhouses; bed and breakfasts; restaurants and vending machines; and for plan review of variance requests for public pools. The fee increases become operative on or after July 1, 2019.

**Oregon Laws 2019:** Chapter 510

### [Senate Bill 29](#)

**Effective Date: June 20, 2019**

#### **Public Health Division Program Updates**

**At the request of:** Governor Kate Brown for Oregon Health Authority

**Committees:** Senate Health Care, House Health Care

**Background and Current Law:** The Public Health Division (PHD) of the Oregon Health Authority operates to promote health and help prevent the leading causes of death, disease, and injury in Oregon. The PHD is organized into three centers: the Center for Prevention and Health Promotion, which includes programs to implement policies, systems, and environmental changes designed to prevent chronic diseases and injury; the Center for Health Protection, which administers public health regulatory functions, including licensing health care facilities, inspecting restaurants and public water systems, and other environmental health protections; and the Center for Public Health Practice, which includes programs that protect the public from communicable diseases and assist in preparing and responding to public health emergencies.

**Bill Summary:** Senate Bill 29 modifies and clarifies provisions governing the PHD's administration of its duties and responsibilities to align with current practice. Among other things, the bill removes barriers to effective enforcement of tobacco laws, updates the membership of emergency medical and trauma system committees, aligns communicable disease reporting requirements with national best practices, and replaces outdated terminology related to sexually transmitted infections.

**Oregon Laws 2019:** Chapter 456

---

### [Senate Bill 60](#)

**Effective Date: June 4, 2019**

#### **Health Care Professional Liability Limitation**

**At the request of:** Governor Kate Brown for Oregon Medical Board

**Committees:** Senate Health Care, House Health Care

**Background and Current Law:** Current statute allows specified health care practitioners who provide services without compensation to register for a program that limits the practitioner's liability for injury, death, or other loss.

**Bill Summary:** Senate Bill 60 adds acupuncturists to the group of health care practitioners eligible for the liability limitation program and changes registration for the program from an annual to a biennial requirement.

**Oregon Laws 2019:** Chapter 227

---



[Senate Bill 61](#)

Effective Date: June 4, 2019

**Oregon Medical Board Membership**

**At the request of:** Governor Kate Brown for Oregon Medical Board

**Committees:** Senate Health Care, House Health Care

**Background and Current Law:** The Oregon Medical Board’s (Board) mission is to protect the health, safety, and wellbeing of Oregonians by regulating the practice of medicine, including licensing medical doctors, doctors of osteopathic medicine, doctors of podiatric medicine, physician assistants, and acupuncturists. Currently, the Board is comprised of 13 members, two of whom are members of the public.

**Bill Summary:** Senate Bill 61 adds a third public member to the Board, bringing the public member representation percentage in line with other health care professional boards.

**Oregon Laws 2019:** Chapter 228

---

[Senate Bill 62](#)

Effective Date: January 1, 2020

**Medical Imaging Practice**

**At the request of:** Governor Kate Brown for Board of Medical Imaging

**Committees:** Senate Health Care, House Health Care

**Background and Current Law:** Current statute prohibits “knowingly” employing a person for the purpose of practicing a medical imaging modality or as a limited x-ray machine operator if the person is not licensed or does not hold a permit. The same “knowingly” standard applies to making a false statement on an application for license or permit.

**Bill Summary:** Senate Bill 62 changes the applicable standard to that of reasonable care for regulation of employment and false statements in the practice of medical imaging.

**Oregon Laws 2019:** Chapter 229

[Senate Bill 63](#)

Effective Date: June 4, 2019

**Limited X-ray Machine Operator Temporary Permits**

**At the request of:** Governor Kate Brown for Board of Medical Imaging

**Committees:** Senate Health Care, House Health Care

**Background and Current Law:** Current statutes authorize the Board of Medical Imaging (OBMI) to issue temporary limited X-ray machine operator permits to licensure applicants that are in the process of completing clinical education requirements. These statutes currently specify the requirements for, and length of, the temporary permits.

**Bill Summary:** Senate Bill 63 replaces the current statutory specifications for issuance of temporary limited X-ray machine operator permits with direction to OBMI to adopt rules setting the standards for these permits.

**Oregon Laws 2019:** Chapter 230

---

[Senate Bill 64](#)

Effective Date: June 13, 2019

**Oregon State Board of Nursing Functions**

**At the request of:** Governor Kate Brown for Oregon State Board of Nursing

**Committees:** Senate Health Care, House Health Care

**Background and Current Law:** Current statutes refer to the Oregon State Board of Nursing (OSBN) as providing both “approval” and “accreditation” of nursing education programs. The statutes also use the term “certification” when referring to licensure of certain advanced practice nurses. The use of “accreditation” and “certification” has caused confusion in relation to those activities and duties that are performed by other regulatory entities.

**Bill Summary:** Senate Bill 64 updates various statutory provisions to clarify that OSBN provides licensure to nurse practitioners and approves nursing education programs.

**Oregon Laws 2019:** Chapter 358

[Senate Bill 65](#)

Not Enacted

[\(see Senate Bill 127\)](#)

**Nurse Midwifery**

**At the request of:** Governor Kate Brown for Oregon State Board of Nursing

**Committees:** Senate Health Care

**Background and Current Law:** The Oregon State Board of Nursing licenses three types of Advanced Practice Registered Nurses (APRNs): nurse practitioners, certified registered nurse anesthetists, and clinical nurse specialists. In order to hold an APRN certification in Oregon, all nurses must also apply for and maintain an Oregon Registered Nurse license. For nurse practitioners, the Oregon Nurse Practice Act recognizes 13 different specialties, including nurse midwifery.

**Bill Summary:** Senate Bill 65 would have created a new designation of licensed nurse, the "licensed certified nurse midwife," who would be qualified to practice in an expanded midwifery specialty role.

---

[Senate Bill 66](#)

**Effective Date: June 6, 2019**

**Military Nurse Training Programs**

**At the request of:** Governor Kate Brown for Oregon State Board of Nursing

**Committees:** Senate Health Care, House Health Care

**Background and Current Law:** Current statute requires applicants for nursing licensure in Oregon to demonstrate graduation from a nursing education program accredited by the Oregon State Board of Nursing (OSBN) or accredited by the appropriate agency of another state or territory. These requirements do not allow OSBN to license graduates of military nurse training programs that are not nationally accredited.

**Bill Summary:** Senate Bill 66 authorizes OSBN to recognize a military training program as a nursing education program for licensed practical nurses and allows OSBN to license by indorsement an applicant licensed in another state or territory based upon recognition of the applicant's military education.

**Oregon Laws 2019:** Chapter 257

[Senate Bill 67](#)

Effective Date: January 1, 2020

**Circulating Nurses in Ambulatory Surgical Centers**

**At the request of:** Governor Kate Brown for Oregon State Board of Nursing

**Committees:** Senate Health Care, House Health Care

**Background and Current Law:** The current statute defining the duties of circulating nurses in Oregon Revised Statutes (ORS) Chapter 678 defines and references a “Type I ambulatory surgical center.” ORS Chapter 442 provides a separate definition for “ambulatory surgical center.”

**Bill Summary:** Senate Bill 67 replaces the term “Type I ambulatory surgical center” with “ambulatory surgical center” as defined in ORS Chapter 442 in the statute defining the duties of circulating nurses.

**Oregon Laws 2019:** Chapter 231

---

[Senate Bill 124](#)

Not Enacted

**Practice of Massage Therapy**

**At the request of:** Senate Interim Committee on Health Care

**Committees:** Senate Health Care

**Background and Current Law:** Current statute exempts practitioners who do not expressly or implicitly claim to be massage therapists from law pertaining to the practice of massage therapy, including regulation and licensure by the State Board of Massage Therapists.

**Bill Summary:** Senate Bill 124 would have narrowed the current statutory exemption to pertain to practitioners who do not expressly or implicitly claim to perform an act that is included in the definition of “massage” as defined in ORS 687.011. The bill would have had the potential impact of making chiropractic assistants, who act under the supervision of licensed chiropractic physicians, no longer exempt from the statutes governing massage therapy.

[Senate Bill 127](#)

Effective Date: January 1, 2020

**Nurse Midwifery**

**At the Request of:** Senate Interim Committee on Health Care

**Committees:** Senate Health Care, House Health Care

**Background and Current Law:** Nationally, Advanced Practice Registered Nurses (APRNs) who specialize in nurse midwifery are referred to as “certified nurse midwives.” In Oregon, such APRNs are called “nurse midwife nurse practitioners.” The difference in terminology causes confusion and difficulty when a person licensed as a “certified nurse midwife” in another state applies for licensure in Oregon.

**Bill Summary:** Senate Bill 127 changes the term "nurse midwife nurse practitioner" to "nurse practitioner specializing in nurse midwifery."

**Oregon Laws 2019:** Chapter 233

---

[Senate Bill 128](#)

Effective Date: May 20, 2019

**Advanced Practice Registered Nurse Supervision of Fluoroscopy**

**At the request of:** Senate Interim Committee on Health Care

**Committees:** Senate Health Care, House Health Care

**Background and Current Law:** Fluoroscopy is a study of moving body structures that shows a continuous X-ray image on a monitor, like an X-ray "movie." House Bill 2880 (2015) directed the Oregon Board of Medical Imaging (OBMI) to issue certificates to qualified physician assistants to practice fluoroscopy. In 2016, the Oregon State Board of Nursing (OSBN) updated rules governing the scope of practice for advanced practice registered nurses (APRNs) to include use of technologies like fluoroscopy. Although authorized under applicable OSBN rules, uncertainty remained as to whether the use of fluoroscopy by APRNs was permitted under OMBI statute.

**Bill Summary:** Senate Bill 128 directs OBMI to issue permits to qualified APRNs to supervise fluoroscopy.

**Oregon Laws 2019:** Chapter 128

[Senate Bill 129](#)

Effective Date: June 4, 2019

**Optometrist Practice of Telemedicine**

**At the request of:** Senate Interim Committee on Health Care

**Committees:** Senate Health Care, House Health Care

**Background and Current Law:** Telemedicine allows health care professionals to evaluate, diagnose, and treat patients in remote locations using telecommunications technology. Initially popular in the field of radiology, telemedicine has recently spread to other fields of medicine, particularly as a way to increase access to services.

**Bill Summary:** Senate Bill 129 defines permissible telemedicine practices for optometrists licensed in Oregon. The bill requires an initial in-person eye examination before utilizing telemedicine and requires that the technology used comply with applicable federal privacy laws.

**Oregon Laws 2019:** Chapter 234

---

[Senate Bill 130-A](#)

**Not Enacted**

**School-Based Health Center Telehealth Pilot Projects**

**At the request of:** Senate Interim Committee on Health Care

**Committees:** Senate Health Care, Joint Ways and Means

**Background and Current Law:** School-Based Health Centers (SBHCs) are medical clinics located in schools or on school grounds that offer children and youth physical, mental, and preventative health services. SBHCs are staffed by a primary care professional and offer access to health services for all students, regardless of insurance status.

**Bill Summary:** Senate Bill 130-A would have required the Oregon Health Authority to award grants to eligible school-based health center pilot projects to expand student access to mental and physical health care services through the use of telehealth.

[Senate Bill 131](#)

Not Enacted

**Children’s Health Advocate**

**At the request of:** Senate Interim Committee on Health Care

**Committees:** Senate Health Care, Senate Human Services

**Background and Current Law:** Child-caring agencies are private entities that offer day treatment, adoption placement, residential care, outdoor programs, or other similar care and services for children. Any child under the age of 19 who is a resident of Oregon and is not already insured is eligible for the Oregon Health Plan (OHP), the state’s Medicaid program.

**Bill Summary:** Senate Bill 131 would have required the Oregon Health Authority to appoint a Children's Health Advocate responsible for resolving issues of access and reimbursement for OHP recipients in private child-caring agencies.

---

[Senate Bill 133](#)

Effective Date: September 29, 2019

**Behavioral Health Provider Advertisement and Referral**

**At the request of:** Senate Interim Committee on Health Care

**Committees:** Senate Health Care, Senate Rules, House Health Care

**Background and Current Law:** Substance abuse, problem gambling, and mental health services and supports can be provided in outpatient, inpatient, and residential settings with differing levels of regulatory oversight. This variation can make a person seeking services or supports vulnerable to deceptive, unethical, or predatory practices.

**Bill Summary:** Senate Bill 133 prohibits kickbacks and false or misleading advertisements by substance abuse, problem gambling, and other mental health services providers.

**Oregon Laws 2019:** Chapter 363

### [Senate Bill 134](#)

Effective Date: September 29, 2019

#### CCO Behavioral Health Resource Publishing

**At the request of:** Senate Interim Committee on Health Care

**Committees:** Senate Health Care, House Health Care

**Background and Current Law:** One of the key changes emphasized by the coordinated care organization (CCO) model introduced in 2012 has been the community-level integration and coordination of physical and behavioral health services at the community level. In 2016, the Oregon Health Authority (OHA) convened the Behavioral Health Collaborative (BHC) to bring together providers, patients, and other stakeholders to develop recommendations to help create a coordinated, seamless, and patient-centered health care system. The BHC recommended consideration of standardized protocols for identification, assessment, coordination of care, and treatment across entry points. In 2018, the Oregon Health Policy Board released a comprehensive set of policy recommendations referred to as CCO 2.0 that included a focus on improving the behavioral health system and addressing barriers to care.

**Bill Summary:** Senate Bill 134 requires CCOs to publish service information for persons who have mental illnesses or substance use disorders in a standard format. The bill also requires OHA to accept and consider tribal-based behavioral health care practices as equivalent to evidence-based practices.

**Oregon Laws 2019:** Chapter 364

---

### [Senate Bill 135](#)

Not Enacted

#### Penalties for Unlawful Practice of Applied Behavior Analysis

**At the request of:** Senate Interim Committee on Health Care for Paul Terdal

**Committees:** Senate Health Care

**Background and Current Law:** In 2013, the Legislative Assembly passed Senate Bill 365 which created the Behavior Analysis Regulatory Board to license providers of applied behavior analysis in Oregon. Senate Bill 696 (2015) established a statutory definition of "applied behavior analysis" and established criteria for licensure of behavior analysts and assistant behavior analysts.

**Bill Summary:** Senate Bill 135 would have prohibited individuals not authorized by the Behavior Analysis Regulatory Board from performing behavior analysis and would have allowed the Oregon Health Licensing Office to impose civil monetary penalties and other disciplinary action.



### [Senate Bill 136](#)

Effective Date: May 20, 2019

### Certified Registered Nurse Anesthetist Prescribing Authority

**At the request of:** Senate Interim Committee on Health Care

**Committees:** Senate Health Care, House Health Care

**Background and Current Law:** In 2013, the Legislative Assembly passed Senate Bill 136 which granted certified registered nurse anesthetists (CRNAs) limited authority to prescribe medications under parameters set by the Oregon State Board of Nursing, including a 10-day supply limitation on prescriptions for controlled substances in Schedules II, III, III N, IV, and V. At the time, CRNAs were the only group of advanced practice registered nurses (APRNs) in Oregon who lacked prescribing authority.

**Bill Summary:** Senate Bill 136 removes the 10-day supply limitation on CRNAs' authority to prescribe medications, consistent with other APRNs.

**Oregon Laws 2019:** Chapter 129

---

### [Senate Bill 137](#)

Not Enacted

### CCO Behavioral Health Contracting

**At the request of:** Senate Interim Committee on Health Care

**Committees:** Senate Health Care

**Background and Current Law:** With the passage of House Bill 3650 (2011) and Senate Bill 1580 (2012), the Legislative Assembly authorized the delivery of Oregon Health Plan (Medicaid) services through coordinated care organizations (CCOs). One of the key changes emphasized by the CCO model has been the integration and coordination of physical and behavioral health services at the community level.

**Bill Summary:** Senate Bill 137 would have prohibited CCOs from subcontracting with other entities to provide behavioral health services or to assume the responsibility for utilization management, care coordination, denials of service, or grievance and appeal processing. The bill would have also required the Oregon Health Authority to adopt rules standardizing behavioral health utilization management, network adequacy, and grievance and appeal procedures.

[Senate Bill 138](#)

Effective Date: July 15, 2019

**Mental Health Clinical Advisory Group**

**At the request of:** Senate Interim Committee on Health Care

**Committees:** Senate Health Care, Joint Ways and Means

**Background and Current Law:** In 2017, the Legislative Assembly passed House Bill 2300, which established the Mental Health Clinical Advisory Group (Advisory Group) in the Oregon Health Authority (OHA). The Advisory Group was charged with developing recommendations on evidence-based algorithms for mental health treatments, practice guidelines, and necessary changes to the OHA preferred drug list. The Advisory Group sunset on December 31, 2018.

**Bill Summary:** Senate Bill 138 reestablishes the Mental Health Clinical Advisory Group to develop algorithms and recommendations for managing mental health prescription drugs within the Oregon Health Plan.

**Oregon Laws 2019:** Chapter 544

---

[Senate Bill 139-A](#)

**Not Enacted**

**Health Insurer Prior Authorization Requirements**

**At the request of:** Senate Interim Committee on Health Care

**Committees:** Senate Health Care, Joint Ways and Means

**Background and Current Law:** Health insurance policies and certificates may include prior authorization requirements that require approval of certain items or services before the insurer will provide reimbursement. Similarly, step therapy protocols are used to help manage costs and risks associated with prescription drugs by requiring initial utilization of the most cost-effective drug and progressing to alternative drugs only if necessary.

**Bill Summary:** Senate Bill 139-A would have specified the utilization of prior authorization and step therapy protocols by health insurers regulated by the Department of Consumer and Business Services.

[Senate Bill 140-A](#)

Not Enacted

**Emergency Department “Boarding” Pilot Project**

**At the request of:** Senate Interim Committee on Health Care

**Committees:** Senate Health Care, Joint Ways and Means

**Background and Current Law:** The Oregon Health Authority’s (OHA) 2015-17 legislatively approved budget included a budget note that required OHA to study and report on the issue of “boarding” – a practice in which patients with mental illnesses remain in the care of hospital emergency departments (EDs) while waiting for a bed in an appropriate setting. The study, completed in October 2016, found that psychiatric patients receive sub-optimal care in EDs; boarding negatively impacts the care of other patients by reducing ED capacity and increasing pressure on staff; and, boarding places significant financial strain on hospitals.

**Bill Summary:** Senate Bill 140-A would have established a pilot project to provide grants to hospitals to implement strategies aimed at reducing emergency department boarding. The bill also would have created a task force to develop additional recommendations for the Legislative Assembly.

---

[Senate Bill 141-A](#)

Not Enacted

**Behavioral Health Crisis Caring Contacts**

**At the request of:** Senate Interim Committee on Health Care

**Committees:** Senate Health Care, Joint Ways and Means

**Background and Current Law:** In October 2016, the Oregon Health Authority (OHA) completed a legislatively mandated report on the issue of “boarding” – a practice in which patients with mental illnesses remain in the care of hospital emergency departments (EDs) while waiting for a bed in an appropriate setting. The report had nine recommendations, including improving care of psychiatric patients in EDs.

**Bill Summary:** Senate Bill 141-A would have required OHA to issue grants to hospitals to establish and maintain a process for providing caring contacts to patients who present in EDs with suicidal ideation or who have attempted suicide.

[Senate Bill 142](#)

Effective Date: January 1, 2020

**Human Immunodeficiency Virus (HIV) Language Modernization**

**At the request of:** Senate Interim Committee on Health Care

**Committees:** Senate Health Care, House Health Care

**Background and Current Law:** Human immunodeficiency virus (HIV) attacks the body's immune system, specifically the CD4 cells (T cells), which help fight off infections. Untreated, HIV reduces the number of T cells in the body, making the affected person more likely to get other infections or infection-related cancers. Over time, HIV can destroy so many of these cells that the body cannot fight off infections and disease. These opportunistic infections or cancers take advantage of a very weak immune system and signal that the person has AIDS, the last stage of HIV infection. Unlike some other viruses, the human body cannot get rid of HIV completely, even with treatment.

**Bill Summary:** Senate Bill 142 replaces references to stigmatized conditions, including HIV and AIDS, consistent with current clinical usage.

**Oregon Laws 2019:** Chapter 280

---

[Senate Bill 144](#)

**Not Enacted**

**Whole Body Anatomical Gifts**

**At the request of:** Senate Interim Committee on Health Care

**Committees:** Senate Health Care

**Background and Current Law:** The Uniform Anatomical Gift Act (UAGA) is a federal law, first declared in 1968, that created the regulatory framework for the donation of organs, tissues, and other human body parts in the United States. In Oregon, both Oregon Health and Science University (OHSU) and Western University of Health Sciences College of Osteopathic Medicine of the Pacific (COMP-Northwest) operate whole body donation programs that allow an individual to donate their remains for use in helping to educate health care professionals.

**Bill Summary:** Senate Bill 144 would have applied specific provisions of Oregon's codification of the federal UAGA to gifts of the whole body.

[Senate Bill 150](#)

Not Enacted

**Lockable Prescription Drug Vials**

**Chief Sponsors:** Sens. Knopp, Fagan

**Committees:** Senate Health Care

**Background and Current Law:** The federal Controlled Substances Act categorizes drugs and other substances that are considered controlled substances into five schedules. Schedule II drugs and controlled substances are characterized as having a high potential for abuse, with abuse potentially leading to severe psychological or physical dependence.

**Bill Summary:** Senate Bill 150 would have required pharmacists to dispense Schedule II controlled substances in lockable vials with specified exceptions.

---

[Senate Bill 204](#)

Not Enacted

[\(see House Bill 2164\)](#)

**Rural Volunteer Emergency Medical Service Tax Credit**

**At the request of:** Senate Interim Committee on Finance and Revenue

**Committees:** Senate Finance and Revenue, Senate Health Care, Joint Tax Expenditures

**Background and Current Law:** In 2005, the Legislative Assembly passed Senate Bill 31, establishing a \$250 tax credit for individuals providing volunteer emergency medical services in rural areas. For the tax credit, rural is defined as a geographic area that is located at least 25 miles from any city with a population of 30,000 or more. Senate Bill 31 charged the Oregon Office of Rural Health with establishing criteria for certifying individuals who are emergency medical technicians and are eligible for the tax credit.

**Bill Summary:** Senate Bill 204 would have extended the sunset of the volunteer emergency medical services tax credit from January 1, 2020 to January 1, 2026. Note: the extension of the tax credit was included with other tax expenditure extensions in House Bill 2164.

## HEALTH CARE

---

### [Senate Bill 236](#)

Not Enacted

[\(see Senate Bill 587\)](#)

**Chief Sponsors:** Sens. Burdick, Riley

**At the request of:** Timothy Brinker

**Committees:** Senate Health Care

**Background and Current Law:** The Oregon Department of Consumer and Business Services (DCBS) is the state's primary regulator of all types of insurance companies, including health insurance companies that provide individual, small group, and large group health insurance policies. Health insurance policies may include prior authorization requirements that require approval of certain items or services before the insurer will provide reimbursement.

**Bill Summary:** Senate Bill 236 would have placed restrictions on the use of prior authorization for specified physical and occupational therapy treatments in health insurance policies regulated by DCBS.

---

### [Senate Bill 242-A](#)

Not Enacted

## Surrogate Insurance Coverage

**Chief Sponsors:** Sen. Monnes Anderson; Rep. Piluso

**Committees:** Senate Health Care, Joint Ways and Means

**Background and Current Law:** The federal Affordable Care Act included protections ensuring that pregnant women could not be denied health insurance coverage and that maternity care and childbirth coverage must be covered by the insurance policy. Surrogacy agreements commonly call for the intended parent(s) to help the surrogate mother with health care costs associated with the surrogacy, including health insurance premiums and out-of-pocket costs. As a result, some insurance policies contain provisions that allow the insurer to retain a right to place a lien on a surrogate's compensation from the intended parent(s).

**Bill Summary:** Senate Bill 242-A would have required health insurance policies to provide coverage of pregnancy care for surrogate mothers without any terms that would negate a payment or reimbursement of costs.

### [Senate Bill 249](#)

Effective Date: January 1, 2020

#### Health Insurance Prior Authorization Procedures

**At the request of:** Governor Kate Brown for Department of Consumer and Business Services

**Committees:** Senate Health Care, House Health Care

**Background and Current Law:** The Oregon Department of Consumer and Business Services is the state's primary regulator of all types of insurance companies, including health insurance companies that offer individual, small group, and large group health insurance policies. Health insurance policies and certificates may include prior authorization requirements that require approval of certain items or services before the insurer will provide reimbursement.

**Bill Summary:** Senate Bill 249 prohibits specified conduct by health insurers when reviewing and responding to requests for prior authorization, including failing to act promptly, equitably, or reasonably, and modifies deadlines for prior authorization reviews.

**Oregon Laws 2019:** Chapter 284

---

### [Senate Bill 250](#)

Effective Date: January 1, 2020

#### Affordable Care Act Alignment

**At the request of:** Governor Kate Brown for Department of Consumer and Business Services

**Committees:** Senate Health Care, House Health Care

**Background and Current Law:** The federal Patient Protection and Affordable Care Act (ACA), enacted in 2010, contained a multitude of provisions regarding Medicare, Medicaid, and the employer and individual insurance markets. Many of these provisions went into effect in 2014 with the goal of reducing the number of Americans without health insurance. Key provisions included the individual insurance "mandate," pre-existing condition protections, essential health benefit coverage requirements, and insurance premium subsidies. In previous sessions, the Oregon Legislative Assembly enacted legislation aligning the Oregon Insurance Code with various aspects of the ACA: Senate Bill 89 (2011), House Bill 2240 (2013), House Bill 2466 (2015), and House Bill 2341 (2017).

**Bill Summary:** Senate Bill 250 further aligns the Insurance Code with the ACA, including maintaining protections for individuals with pre-existing conditions, clarifying the application of mental health parity requirements to individual and group plans, and codifying nondiscrimination protections. The bill also enables the Department of Consumer and Business Services to take actions to ensure market stability, including charging fees to insurers that are exempt from providing benefits other insurers must offer and running a state-based risk adjustment program, if necessary.

**Oregon Laws 2019:** Chapter 285

### [Senate Bill 253](#)

Effective Date: June 11, 2019

#### Local Public Health Authorities

**At the request of:** Governor Kate Brown for Oregon Health Authority

**Committees:** Senate Health Care, House Health Care

**Background and Current Law:** The Oregon Health Authority's (OHA) Public Health Division operates to promote health and help prevent the leading causes of death, disease, and injury in Oregon. In 2013, the Legislative Assembly created the Task Force on the Future of Public Health Services (Task Force). Legislation implementing the Task Force's recommendations passed during the 2015 (House Bill 3100) and 2017 (House Bill 2310) legislative sessions and included provisions authorizing a county to relinquish its local public health authority to the state.

**Bill Summary:** Senate Bill 253 clarifies the process for the transfer of local public health authority from a county to the state and grants OHA the authority to appoint a local health officer in a county that has relinquished its local public health authority.

**Oregon Laws 2019:** Chapter 321

---

### [Senate Bill 387](#)

Not Enacted

#### Medical Marijuana Transfers

**At the request of:** Senate Interim Committee on Judiciary

**Committees:** Senate Health Care

**Background and Current Law:** In 1998, Oregon voters approved Ballot Measure 67 allowing the medical use of marijuana in Oregon within specified limits. This law, known as the Oregon Medical Marijuana Act, requires a physician's written statement of a patient's qualifying debilitating medical condition to authorize the patient to use medical marijuana, provides legal protections for qualified patients using marijuana, allows a caregiver to assist a qualified patient, and mandates a statewide registration system maintained by the Oregon Health Authority.

**Bill Summary:** Senate Bill 387 would have allowed a person designated to produce marijuana by a registry identification cardholder to receive certain medical marijuana products from a marijuana processing site, subject to conditions.



### [Senate Bill 409-A](#)

Not Enacted

#### Prescription Drug Importation Feasibility Study

**Chief Sponsors:** Sens. Linthicum, Steiner Hayward; Rep. Nosse

**Committees:** Senate Health Care, Joint Ways and Means

**Background and Current Law:** In 2018, the Legislative Assembly passed House Bill 4005, creating the Task Force on Fair Pricing of Prescription Drugs. The bill charged the Task Force with developing a strategy to create transparency for drug prices across the entire supply chain of pharmaceutical products. The Task Force was also required to deliver a report, finalized in November 2018, containing a cost-effective and enforceable solution that exposes the cost factors negatively impacting prices paid by Oregonians for pharmaceutical products. In developing its 14 recommendations, the Task Force considered approaches taken in other states, including legislation on pharmaceutical importation in Colorado, Vermont, and West Virginia.

**Bill Summary:** Senate Bill 409-A would have directed the State Board of Pharmacy to study the feasibility of implementing, and develop a plan to implement, a program to allow the wholesale importation of prescription drugs from Canada into Oregon.

---

### [Senate Bill 452-A](#)

Not Enacted

#### Emergency Medical Responses to Rare Medical Conditions

**Chief Sponsors:** Sen. Beyer

**At the request of:** Jennifer Knapp

**Committees:** Senate Health Care, Joint Ways and Means

**Background and Current Law:** Emergency medical service (EMS) providers are licensed to attend to individuals who are ill, injured, or have a disability. EMS providers can serve in a dual capacity in occupations such as police officers, firefighters, and funeral home operators. Currently, the Oregon Health Authority (OHA) licenses EMS providers and the Oregon Medical Board develops rules that define the scope of practice for each level of EMS provider. Most other regulation of EMS providers is left to the counties, cities, and districts. These local entities have responsibility for developing and updating protocols for the provision of emergency services within the local jurisdiction.

**Bill Summary:** Senate Bill 452-A would have required OHA to study the responses of EMS providers to rare medical conditions, particularly those conditions requiring emergency-use medications for treatment.

### [Senate Bill 526](#)

Effective Date: September 29, 2019

#### **Newborn Nurse Home Visiting Program**

**Chief Sponsors:** Sens. Steiner Hayward, Hansell; Reps. Schouten, Stark

**Committees:** Senate Health Care, Joint Ways and Means

**Background and Current Law:** Duke University's Family Connects program provides up to three nurse home visits to every family with a newborn beginning at about three weeks of age, regardless of income or demographic risk. Using a tested screening tool, a nurse measures newborn and maternal health and assesses strengths and needs to link the family to community resources. Evaluation of the Family Connects program has shown several positive effects, including reduction in infant emergency room visits, reduction in maternal anxiety, improved home environments, and use of more positive parenting behaviors.

**Bill Summary:** Senate Bill 526 requires the Oregon Health Authority to establish a voluntary universal nurse home visiting program to support child development and strengthen families. The home visiting services would be available to all families in Oregon with newborns and offer at least one visit during the newborn's first three months. The bill also requires health benefit plans to reimburse the cost of these services without cost-sharing for families who choose to receive them.

**Oregon Laws 2019:** Chapter 552

---

### [Senate Bill 537](#)

**Not Enacted**

#### **Coordination of Benefits – Insurance Coverage**

**Chief Sponsors:** Sen. Riley

**Committees:** Senate Health Care

**Background and Current Law:** The Oregon Department of Consumer and Business Services (DCBS) is the state's primary regulator of all types of insurance companies, including health insurance companies that offer individual, small group, and large group health insurance policies. Coordination of benefits (COB) rules apply when a person is covered by two or more health insurance plans to determine the order of benefit payments among the plans.

**Bill Summary:** Senate Bill 537 would have required the Director of DCBS to adopt COB rules that protect insured persons from out-of-pocket expenses when the sum of the coverages exceeds reimbursable costs.

[Senate Bill 544](#)

Not Enacted

**Emergency Treatment of Adrenal Insufficiency Disorder**

**Chief Sponsors:** Sen. Riley

**At the request of:** Annette Cornish

**Committees:** Senate Health Care

**Background and Current Law:** Adrenal insufficiency is a disorder that occurs when the adrenal glands do not make enough of certain hormones, including cortisol. Most often caused by autoimmune disease, common symptoms include fatigue, muscle weakness, loss of appetite, weight loss, and abdominal pain. Treatment of adrenal insufficiency disorder can include medicines that replace the hormones the body is not making.

**Bill Summary:** Senate Bill 544 would have required ambulances to carry emergency treatment medication for adrenal insufficiency disorder and would allow the Oregon Health Authority to adopt rules regarding the use of emergency treatment medication for adrenal insufficiency disorder.

---

[Senate Bill 587](#)

Not Enacted

[\(see Senate Bill 236\)](#)

**Physical and Occupational Therapy Prior Authorization**

**Chief Sponsors:** Sen. Prozanski

**At the request of:** Angela Lewis

**Committees:** Senate Health Care

**Background and Current Law:** The Oregon Department of Consumer and Business Services (DCBS) is the state's primary regulator of all types of insurance companies, including health insurance companies that offer individual, small group, and large group health insurance policies. Health insurance policies may include prior authorization requirements that require approval of certain items or services before the insurer will provide reimbursement.

**Bill Summary:** Senate Bill 587 would have placed restrictions on the use of prior authorization for specified physical and occupational therapy treatments in health insurance policies regulated by DCBS.

### [Senate Bill 588-A](#)

Not Enacted

#### Outdoor Therapy Grant Program

**Chief Sponsors:** Sens. Prozanski, Manning Jr.

**Committees:** Senate Health Care, Joint Ways and Means

**Background and Current Law:** Outdoor therapy programs use wilderness experiences in conjunction with behavioral health services to help meet the therapeutic needs of individuals. Studies have found that individuals treated with outdoor therapy have improved emotional and behavioral outcomes in comparison to alternative and no-treatment groups.

**Bill Summary:** Senate Bill 588-A would have established the Outdoor Therapy Grant Program within the Oregon State Parks and Recreation Department for the purpose of providing grants to enhance outdoor environmental, ecological, agricultural, and other natural resource-based therapy programs in Oregon.

---

### [Senate Bill 599](#)

Not Enacted

#### Medical Marijuana Patient Access Committee

**Chief Sponsors:** Sen. Beyer

**At the request of:** Kris McAlister

**Committees:** Senate Health Care

**Background and Current Law:** In 1998, Oregon voters approved Ballot Measure 67, the Oregon Medical Marijuana Act (OMMA), allowing the medical use of marijuana in Oregon within specified limits. The Oregon Health Authority's (OHA) Oregon Medical Marijuana Program (OMMP) implements and administers provisions of the OMMA to ensure Oregonians suffering from debilitating medical conditions have safe and well-regulated access to medical marijuana as a therapeutic treatment for those conditions. In November 2014, Oregon voters approved Ballot Measure 91, fully legalizing marijuana in Oregon. In 2017, the Legislative Assembly passed House Bill 2198, creating the Oregon Cannabis Commission to provide advice to OHA on administration of the OMMP and to the Oregon Liquor Control Commission on the administration of the non-medical marijuana program.

**Bill Summary:** Senate Bill 599 would have established the Medical Marijuana Patient Access Committee in OHA to study and recommend measures to reduce barriers to accessing medical marijuana and advise OHA on issues related to accessing medical marijuana.

### [Senate Bill 649](#)

**Not Enacted**

#### **Vaccine Information Packets**

**Chief Sponsors:** Sens. Thatcher, Linthicum, Knopp

**At the request of:** Oregonians for Medical Freedom

**Committees:** Senate Health Care

**Background and Current Law:** Vaccines are used to prevent diseases that can be dangerous or even deadly. Vaccines work by "imitating" an infection and working with the body's natural defenses to safely develop immunity to disease. The Centers for Disease Control and Prevention and medical experts update vaccine recommendations ("schedules") every year based on the latest science and research. Children in attendance at Oregon public and private schools, preschools, child care facilities, and Head Start programs are required to have certain vaccinations unless granted a medical or nonmedical exemption.

**Bill Summary:** Senate Bill 649 would have required licensed health care providers to provide information packets to patients receiving a vaccine and would have required the Oregon Health Authority to maintain a website that provides specific vaccine information.

---

### [Senate Bill 698](#)

**Effective Date: September 29, 2019**

#### **Prescription Drug Labeling**

**Chief Sponsors:** Sen. Monnes Anderson; Reps. Nosse, Greenlick

**Committees:** Senate Health Care, House Health Care

**Background and Current Law:** Under Title VI of the Civil Rights Act of 1964, all health care providers and recipients of federal financial assistance, including Medicare and Medicaid, are required to take reasonable steps to ensure meaningful access to their programs by individuals with limited English proficiency (LEP). According to the United States Census Bureau's American Community Survey 2009-2013, 6.21 percent of Oregonians over five years of age have LEP. LEP individuals are more likely than fluent English speakers to experience medication errors due to an inability to read or understand labels that provide instruction on how and when to take prescription medications.

**Bill Summary:** Senate Bill 698 requires the State Board of Pharmacy to adopt rules regarding the provision of prescription drug labels and inserts in both English and a language the patient can understand.

**Oregon Laws 2019:** Chapter 465

### [Senate Bill 721](#)

Not Enacted

#### School-Based Health Center Reimbursement

**Chief Sponsors:** Sen. Frederick; Rep. Gorsek

**Committees:** Senate Health Care

**Background and Current Law:** School-based health centers (SBHCs) have existed in Oregon since 1986 and operate through public-private partnerships between the Oregon Public Health Division, school districts, county public health departments, public and private practitioners, tribes, parents, students, and community members. Oregon SBHCs provide a full range of physical, mental, and preventative health services to all students, regardless of their ability to pay.

**Bill Summary:** Senate Bill 721 would have required coordinated care organizations (CCOs) to reimburse the cost of services provided by SBHCs to members of CCOs at the same rate paid to in-network providers.

---

### [Senate Bill 734-A](#)

Not Enacted

#### Naturopathic Physician Reimbursement

**Chief Sponsors:** Sen. Monnes Anderson; Reps. Lively, Noble

**Committees:** Senate Health Care, Joint Ways and Means

**Background and Current Law:** In 2013, the Legislative Assembly passed House Bill 2902, which required health insurers to reimburse primary care and mental health services provided by nurse practitioners and physician assistants at the same rate as physicians. Naturopathic physicians (NDs) are primary care practitioners trained as specialists in natural medicine; NDs receive a Doctorate of Naturopathic Medicine degree from a four-year graduate-level naturopathic medical college with admission requirements comparable to those of conventional medical schools.

**Bill Summary:** Senate Bill 734-A would have required health insurers to reimburse NDs at the same rate as physicians for services provided within the NDs' scope of practice if those services are reimbursed when provided by physicians.

### [Senate Bill 735-A](#)

**Not Enacted**

#### Health Plan Quality Metrics Committee

**Chief Sponsors:** Sen. Steiner Hayward

**Committees:** Senate Health Care, Joint Ways and Means

**Background and Current Law:** In 2015, the Legislative Assembly passed Senate Bill 440, which required the Oregon Health Policy Board (OHPB) to develop a statewide strategic plan for the collection and use of health care data. The bill also established the Health Plan Quality Metrics Committee (HPQMC) and charged it with identifying health outcomes and quality measures that could be applied to services provided by coordinated care organizations and health benefit plans sold through the health insurance exchange or offered by the Oregon Educators Benefit Board or Public Employees' Benefit Board. Senate Bill 440 also required that the measures developed by HPQMC align with OHPB's statewide strategic plan for health.

**Bill Summary:** Senate Bill 735-A would have changed the name of the HPQMC to the Health Quality Metrics Committee and expanded its membership. The bill would have also applied adopted measures to coordinated care organizations, hospital inpatient and outpatient services, and health care paid for by health benefit plans.

---

### [Senate Bill 740](#)

**Effective Date: January 1, 2020**

#### Proton Beam Therapy

**Chief Sponsors:** Sens. Hansell, Manning Jr., Roblan

**Background and Current Law:** Proton therapy is a type of radiation therapy that uses high-energy beams to treat tumors. Proton beams can be delivered with more control than other forms of radiation, allowing the safe delivery of higher doses to tumors. The therapy has been used to treat complex tumors, such as those in the prostate, brain, eye, and cancers in children.

**Bill Summary:** Senate Bill 740 requires health benefit plans that cover radiation therapy for cancer treatment to also cover proton beam therapy.

**Oregon Laws 2019:** Chapter 466

### [Senate Bill 742](#)

Effective Date: September 29, 2019

#### **Athletic Trainer Licensure**

**Chief Sponsors:** Senate Health Care

**Committees:** Senate Health Care, House Health Care

**Background and Current Law:** Athletic trainers prevent, recognize, and evaluate athletic injuries and provide immediate care, rehabilitation, and reconditioning services to athletes. Athletic trainers work in cooperation with physicians and other allied health personnel and function as integral members of athletic health care teams at secondary schools, colleges and universities, sports medicine clinics, professional sports programs, and in other athletic health care settings. The Board of Athletic Trainers within the Health Licensing Office (HLO) is the volunteer board that oversees the practice of athletic trainers. Currently, the HLO provides registration of athletic trainer applicants who meet specified qualifications, and the Oregon Athletic Trainers' Society acts as the professional organization that certifies and registers them.

**Bill Summary:** Senate Bill 742 changes the existing registration process for qualifying athletic trainers to require licensure by HLO.

**Oregon Laws 2019:** Chapter 378

---

### [Senate Bill 749](#)

**Not Enacted**

#### **Fertility and Reproductive Endocrinology Services**

**Chief Sponsors:** Sen. Boquist

**At the request of:** Jill Payne

**Committees:** Senate Health Care

**Background and Current Law:** Reproductive endocrinology is a sub-specialty of Obstetrics and Gynecology that addresses hormonal functioning as it pertains to reproduction and fertility. Services provided by reproductive endocrinologists can include assisted reproductive technology, gynecologic surgeries, and hormone treatments.

**Bill Summary:** Senate Bill 749 would have required health benefit plans to cover fertility and reproductive endocrinology services.



### [Senate Bill 754](#)

Not Enacted

#### Rural Nurse Faculty Tax Credit

**Chief Sponsors:** Sen. Roblan; Rep. McKeown

**Committees:** Senate Health Care, Joint Tax Expenditures

**Background and Current Law:** The State of Oregon currently offers two tax credits related to rural health care services. In 1989, the Legislative Assembly passed Senate Bill 438, creating the Rural Practitioner Tax Credit, which is available for qualifying dentists, physicians, podiatrists, nurse practitioners, physician assistants, certified registered nurse anesthetists, and optometrists. In 2005, the Legislative Assembly passed Senate Bill 31, creating the Rural Volunteer Emergency Medical Service Provider Tax Credit.

**Bill Summary:** Senate Bill 754 would have created a new tax credit for nurse faculty members at nursing education programs in rural areas of Oregon.

---

### [Senate Bill 765-A](#)

Not Enacted

#### Primary Care Expenditures

**Chief Sponsors:** Sens. Steiner Hayward, Beyer; Rep. Noble

**At the request of:** Sam Barber, Lobby Oregon, American Academy of Family Physicians

**Committees:** Senate Health Care, House Health Care, House Rules

**Background and Current Law:** House Bill 2009 (2009) established the Patient-Centered Primary Care Home (PCPCH) Program, a model that fosters strong relationships between providers, patients, and their families to better care for the whole person. Research indicates that access to primary care providers is associated with improved health outcomes, including reduced mortality rates, reduced rates of low birth weight and preventable hospitalizations, and increased self-rated health status. Senate Bill 231 (2015) and House Bill 4017 (2016) required the Oregon Health Authority and Department of Consumer and Business Services to report on the percentage of medical spending allocated to primary care by specified health insurance carriers, Public Employees' Benefit Board (PEBB), Oregon Educators Benefit Board (OEBB), and coordinated care organizations (CCOs). Senate Bill 934 (2017) required health insurance carriers, PEBB, OEBB, and CCOs to allocate at least 12 percent of their health care expenditures to primary care by 2023.

**Bill Summary:** Senate Bill 765-A would have defined key terms for primary care spending reporting and added the requirement that health insurance carriers, PEBB, OEBB, and CCOs reimburse a percentage of all primary care costs using alternative payment methodologies.

### [Senate Bill 770](#)

Effective Date: July 23, 2019

([see House Bill 2009](#) and [House Bill 2012-A](#))

### Health Care for All Oregon Plan

**Chief Sponsors:** Sens. Manning Jr., Dembrow, Beyer; Reps. Fahey, Keny-Guyer, Salinas, Williamson

**Committees:** Senate Health Care, Joint Ways and Means

**Background and Current Law:** Although state and federal reforms have reduced the number of uninsured individuals in Oregon, the coverage gaps that remain disproportionately affect minorities, low-income residents, and young adults. Individuals who have insurance coverage through their employers or the individual insurance market also experience continued increases in premiums and deductibles. House Bill 3260 (2013) required the Oregon Health Authority (OHA) to contract with a third party to examine four models for financing health care delivery in the state, including: (1) single payer; (2) a health care ingenuity plan; (3) a public option in the health insurance marketplace; and (4) the status quo. Conducted by the RAND Corporation, the study found that of the four options, the single payer and health care ingenuity plan options offered the biggest potential to make substantial changes to insurance coverage and health care delivery in Oregon.

**Bill Summary:** Senate Bill 770 establishes the 20-member Task Force on Universal Health Care (Task Force) charged with recommending the design of the Health Care for All Oregon Plan -- a universal health care system that is equitable, affordable, and comprehensive; provides high quality health care; and is publicly funded and available to every individual residing in Oregon. The bill also requires OHA to develop a plan for a Medicaid buy-in program to provide an affordable health care option to all Oregon residents.

**Oregon Laws 2019:** Chapter 629

---

### [Senate Bill 780-A](#)

Not Enacted

### PEBB and OEBC CCO Pilot Program

**Chief Sponsors:** Sens. Steiner Hayward, Beyer, Heard

**Committees:** Senate Health Care, Joint Ways and Means

**Background and Current Law:** With the passage of House Bill 3650 (2011) and Senate Bill 1580 (2012), the Legislative Assembly established the Oregon Integrated and Coordinated Health Care Delivery System in which newly established coordinated care organizations (CCOs) became responsible for coordinating the physical, behavioral, and oral health care for individuals enrolled in the state's Medicaid program, the Oregon Health Plan (OHP). In recent years, Oregon has aligned goals for CCOs with health benefit plans offered by the Public Employees' Benefit Board (PEBB) and Oregon Educators Benefit Board (OEBC), including rate of spending growth and primary care spending targets.

**Bill Summary:** Senate Bill 780-A would have required the Oregon Health Authority, Department of Consumer and Business Services, PEBB, and OEBC to establish a pilot program that consolidated health insurance plans offered by PEBB, OEBC, and OHP into one contract with distinct plan-specific benefits in Josephine, Jackson, Curry, and southern Douglas Counties.

### [Senate Bill 808](#)

**Not Enacted**

#### **Suicide Risk Continuing Education**

**Chief Sponsors:** Sen. Frederick

**At the request of:** Alexandria Goddard

**Committees:** Senate Health Care, Senate Rules

**Background and Current Law:** In 2017, the Legislative Assembly passed Senate Bill 48, which required specified health professional regulatory boards to adopt rules requiring licensees to report completion of any continuing education regarding suicide risk assessment, treatment, and management. The bill also required boards to report data on the completion of continuing education to the Oregon Health Authority (OHA). In turn, OHA is required to report to the Legislative Assembly by August 1 of each even-numbered year on the information submitted by the boards.

**Bill Summary:** Senate Bill 808 would have replaced the current rulemaking mandate with the statutory requirement that OHA and specified boards require licensees to complete continuing education related to suicide risk assessment, treatment, and management and to report completion of continuing education to OHA or applicable board.

---

### [Senate Bill 815](#)

**Effective Date: September 29, 2019**

#### **Residential Care Facility Resident Notice**

**Chief Sponsors:** Sen. Gelser

**Committees:** Senate Health Care, Joint Ways and Means

**Background and Current Law:** The Oregon Department of Human Services licenses community-based care providers, including assisted living facilities, residential care facilities, and memory care communities. These facilities make a wide range of individualized services available in a homelike setting to older adults, people with disabilities, and individuals with dementia or Alzheimer's disease.

**Bill Summary:** Senate Bill 815 requires residential care facilities to provide specified information to individuals at the time the individual applies for admission to the facility and upon request.

**Oregon Laws 2019:** Chapter 554

### [Senate Bill 823](#)

Effective Date: January 1, 2020

#### Health Care Workplace Violence Prevention

**Chief Sponsors:** Senate Health Care

**Committees:** Senate Health Care, House Health Care

**Background and Current Law:** According to the Occupational Safety and Health Administration, approximately 75 percent of nearly 25,000 workplace assaults reported annually occurred in health care and social service settings, and workers in health care settings are four times more likely to be victimized than workers in other industries. In 2007, the Legislative Assembly passed House Bill 2022 requiring hospitals, ambulatory surgical centers, and home health care services operated by hospitals to implement strategies to protect health care employees from acts of violence in the workplace. The bill specifically required health care employees to conduct periodic security and safety assessments, develop and implement an assault prevention and protection program, and provide assault prevention and protection training.

**Bill Summary:** Senate Bill 823 builds on Oregon's existing violence against health care employees' laws by protecting reporters of workplace violence and requiring health care employers to conduct and report a comprehensive security and safety evaluation.

**Oregon Laws 2019:** Chapter 350

---

### [Senate Bill 824](#)

Effective Date: June 20, 2019

#### Dental Licensure Testing

**Chief Sponsors:** Sen. Girod

**At the request of:** Oregon Dental Association

**Committees:** Senate Health Care, House Health Care

**Background and Current Law:** Current Oregon Board of Dentistry (Board) requirements for licensure to practice as a dentist or dental hygienist include a clinical component involving examination on a live patient. This requirement can present barriers for applicants that include coordination, cost, and environmental considerations.

**Bill Summary:** Senate Bill 824 requires the Board to accept examination results of regional and national testing agencies and allows the Board to accept the results of Board-recognized testing agencies for dentist and dental hygienist applicants. This would allow the Board to accept results from an objective structured clinical examination, which tests clinical competency without requiring a live patient.

**Oregon Laws 2019:** Chapter 467

[Senate Bill 834](#)

Effective Date: January 1, 2020

**Dental Provider Apology Protections**

**Chief Sponsors:** Senate Health Care

**Committees:** Senate Health Care, House Health Care

**Background and Current Law:** In 2003, the Legislative Assembly passed House Bill 3361 which provided protections against the use of an expression of regret or apology as an admission of liability for licensees of the Oregon Medical Board. Without such protection, providers' communications with patients may be chilled or inhibited if something unexpected occurs or goes wrong. Such protection does not limit a patient's right to pursue legal action against the health care provider.

**Bill Summary:** Senate Bill 834 extends the protection currently offered to Oregon Medical Board licensees to Oregon Board of Dentistry licensees by providing that an expression of regret or apology made by or on behalf of a person licensed by the Oregon Board of Dentistry does not constitute admission of liability for purposes of a civil action. The bill also protects the person making the statement from being examined about it in any civil or administrative proceeding.

**Oregon Laws 2019:** Chapter 182

---

[Senate Bill 835](#)

Effective Date: June 13, 2019

**Dental Specialty Advertising**

**Chief Sponsors:** Senate Health Care

**Committees:** Senate Health Care, House Health Care

**Background and Current Law:** The Oregon Board of Dentistry's (Board) mission is to promote high quality oral health care in Oregon by equitably regulating dental professionals. Current Dental Practice Act statutes are silent regarding dental licensee advertising of specialties, leading to concern about potential consumer confusion. The Board licenses over 3,700 dentists, of whom approximately 700 are specialists.

**Bill Summary:** Senate Bill 835 allows dentists to advertise specialties under specified conditions.

**Oregon Laws 2019:** Chapter 379

### [Senate Bill 841](#)

Not Enacted

#### Health Care Expenditure Reporting

**Chief Sponsors:** Sen. Beyer

**At the request of:** Health Care for All Oregon-Action

**Committees:** Senate Health Care

**Background and Current Law:** The Legislative Assembly established the All Payer All Claims (APAC) Database in 2009 as a tool to measure health care costs, quality, and utilization. APAC houses administrative health care data for Oregon's insured populations. It includes medical and pharmacy claims, enrollment data, premium information, and provider information for Oregonians who are insured through commercial insurance, Medicaid, and Medicare.

**Bill Summary:** Senate Bill 841 would have required the Oregon Health Authority to compile, publish, and make publicly available a health care expenditure report concerning expenditures related to Medicaid, Medicare, commercial insurance, and self-insurance.

---

### [Senate Bill 872-A](#)

Not Enacted

#### Prescription Drug Transparency

**Chief Sponsors:** Sens. Steiner Hayward, Linthicum; Reps. Noble, Alonso Leon

**Committees:** Senate Health Care, Joint Ways and Means

**Background and Current Law:** In 2018, the Legislative Assembly passed House Bill 4005, which established the Joint Interim Task Force on Fair Pricing of Prescription Drugs (Task Force). The Task Force included representation from pharmaceutical manufacturers, insurers, pharmacy benefit managers, prescription drug wholesalers, independent pharmacies, large retail pharmacy chains, hospitals, biopharmaceutical companies, coordinated care organizations, medical providers, and state agencies. Charged with developing a strategy to create transparency for drug prices across the entire supply chain of pharmaceutical products, the Task Force delivered its final report in November 2018 with 15 recommendations.

**Bill Summary:** Senate Bill 872-A would have implemented several of the Task Force's recommendations, including: requiring pharmaceutical manufacturers to report the total cost of patient assistance programs; requiring state-sponsored programs to use fee-only pharmacy benefit managers; requiring health insurers to provide notice and post specified information related to prescription drug formularies; requiring hospitals and medical providers to disclose prescription drug price mark-ups; requiring specified patient advocacy organizations to report information regarding funding received from participants in the pharmaceutical supply chain; requiring pharmacy benefit managers to report specified information related to prescription drug pricing; and requiring drug advertisements to disclose the wholesale price of the drug.

### [Senate Bill 887](#)

**Not Enacted**

## Chiropractic Care, Acupuncture, and Massage Therapy Coverage

**Chief Sponsors:** Senate Health Care

**Committees:** Senate Health Care

**Background and Current Law:** Health insurance policies and certificates may include prior authorization requirements that require approval of certain items or services before the policy or certificate will provide reimbursement.

**Bill Summary:** Senate Bill 887 would have required insurers, the Public Employees' Benefit Board, and the Oregon Educators Benefit Board to cover chiropractic care, acupuncture, and massage therapy services without prior authorization for the initial visit and six follow-up visits.

---

### [Senate Bill 889](#)

**Effective Date: July 15, 2019**

## Health Care Cost Growth Benchmark Program

**Chief Sponsors:** Senate Health Care

**Committees:** Senate Health Care, Joint Ways and Means

**Background and Current Law:** In 2017, the Legislative Assembly passed Senate Bill 419, which established the Task Force on Health Care Cost Review (Task Force) to study the feasibility of creating a hospital rate-setting process in Oregon modeled on the process used by the Health Service Cost Review Commission in Maryland. Comprising legislators, state agency staff, hospital, insurance, union, and consumer representatives, the Task Force met between November 2017 and September 2018. The Task Force's final report concluded that the Maryland model was not appropriate for Oregon and instead recommended that Oregon develop a plan to control total health care expenditures across all payers and providers by establishing a health care spending benchmark. The Task Force specifically recommended moving forward with a model similar to the approach taken by the Commonwealth of Massachusetts.

**Bill Summary:** Senate Bill 889 adopts the Task Force's recommendation to implement a health care cost growth benchmark program to help control health care cost expenditures across all payers and providers in Oregon. The bill establishes the Health Care Cost Growth Benchmark Implementation Committee to recommend program specifications to the Oregon Health Policy Board.

**Oregon Laws 2019:** Chapter 560

### [Senate Bill 900](#)

Not Enacted

#### Outpatient Dialysis Treatment Facilities

**Chief Sponsors:** Sen. Monnes Anderson; Reps. Salinas, Prusak

**Committees:** Senate Health Care

**Background and Current Law:** End-stage renal disease (ESRD) occurs when chronic kidney disease has reached an advanced state and the kidneys are no longer able to work as they should to meet the body's needs. Individuals with ESRD need dialysis or a kidney transplant in order to stay alive. Individuals diagnosed with ESRD are eligible for Medicare. Reacting to concerns from insurers who participate in the Affordable Care Act marketplaces, in 2016 the Centers for Medicare and Medicaid Services issued rules limiting third-party payments for individual coverage of ESRD patients purchased through the marketplaces.

**Bill Summary:** Senate Bill 900 would have imposed requirements and restrictions on financially interested outpatient dialysis treatment facilities that pay health insurance premiums for patients of the facilities.

---

### [Senate Bill 910](#)

**Effective Date: September 29, 2019**

#### Opioid Treatment

**Chief Sponsors:** Sen. Steiner Hayward; Rep. Wilde

**At the request of:** Multnomah County

**Committees:** Senate Health Care, House Health Care

**Background and Current Law:** In 2017, the Governor convened the Opioid Epidemic Task Force to address four different policy goals: better pain management, fewer pills, improved access to treatment, and data/education. The Task Force released a report in 2018 with a comprehensive set of recommendations, emphasizing substance use disorder as a chronic condition that requires both acute treatment and long-term management. Naloxone and methadone are two medications frequently used in the treatment of opioid addiction and overdose. Naloxone blocks opioid receptor sites, reversing the toxic effects of the overdose. Methadone works by changing how the brain and nervous system respond to pain by lessening the painful symptoms of opiate withdrawal and blocking the euphoric effects of opiate drugs.

**Bill Summary:** Senate Bill 910 removes barriers to access of naloxone and methadone by making naloxone kits more readily available and giving local authorities flexibility to waive methadone clinic siting restrictions. The bill also allows the Oregon Health Authority to review prescription monitoring information of individuals who die from drug overdoses.

**Oregon Laws 2019:** Chapter 470



### [Senate Bill 911](#)

**Not Enacted**

#### **Iatrogenic Infertility**

**Chief Sponsors:** Sens. Monnes Anderson, Hansell, Knopp; Reps. McKeown, Boles

**Committees:** Senate Health Care, Joint Ways and Means

**Background and Current Law:** Iatrogenesis refers to an adverse condition in a patient resulting from medical treatment. According to the Oncofertility Consortium, a multi-institutional and disciplinary organization focused on advancing the understanding of the impact of cancer treatment on the reproductive health of patients, approximately 150,000 people of reproductive age (45 years or younger) are diagnosed annually with cancer. Many of those diagnosed have favorable prospects for survival but may also face the long-term side effect of infertility resulting from cancer treatment.

**Bill Summary:** Senate Bill 911 would have required health benefit plans, the state medical assistance program, Public Employees' Benefit Board, and Oregon Educators Benefit Board to pay for standard fertility preservation services for a covered individual who is undergoing or will undergo medical treatment that is likely to result in iatrogenic infertility.

---

### [Senate Bill 941-A](#)

**Not Enacted**

[\(see House Bill 5050\)](#)

#### **Curry Health District Emergency Room**

**Chief Sponsors:** Sen. Heard; Reps. Evans, DB Smith

**Committees:** Senate Health Care, Joint Ways and Means

**Background and Current Law:** Curry Health District is a special health district comprised of a hospital and several medical clinics located on the southern Oregon coast. Curry General Hospital in Gold Beach is a critical access hospital and the sole hospital in Curry County. Medical practice offices are located both in the hospital and off-campus in Gold Beach. Curry Medical Center, offering primary, specialty, and same-day care services, is located in Brookings, and Curry Family Medical is located in Port Orford.

**Bill Summary:** Senate Bill 941-A would have appropriated \$1.7 million for distribution to the Curry Health District to support opening an emergency room in Curry Medical Center. Note: House Bill 5050 included a \$2 million appropriation to the Curry Health District for a Brookings Emergency Room.

### [Senate Bill 1027](#)

Effective Date: September 29, 2019

#### Needlestick Injuries

**Chief Sponsors:** Sen. Monnes Anderson; Rep. Wilde

**Committees:** Senate Health Care, House Health Care

**Background and Current Law:** Needlestick injuries are a common occupational hazard for health care workers that can result in exposure to infectious diseases such as hepatitis B, hepatitis C, and human immunodeficiency virus (HIV). The federal Needlestick Prevention and Safety Act (2001) modified the Occupational Health and Safety Administration's Bloodborne Pathogens Standard to specifically require employers to identify, evaluate, and implement safer medical devices, especially addressing occupational exposure to bloodborne pathogens from accidental sharps injuries in health care and other occupational settings.

**Bill Summary:** Senate Bill 1027 allows certain health care practitioners who receive a needlestick injury during provision of medical care to a patient who is unconscious or otherwise unable to give consent to perform a blood draw on the patient for the purpose of determining whether the practitioner needs to begin any post-exposure prophylactic treatment.

**Oregon Laws 2019:** Chapter 476

---

### [Senate Bill 1030](#)

Not Enacted

#### CCO Cost Reporting

**Chief Sponsors:** Senate Health Care

**Committees:** Senate Health Care, Joint Ways and Means

**Background and Current Law:** In 2012, the Legislative Assembly approved the establishment of the coordinated care organization (CCO) model for delivery of Oregon Health Plan (OHP) services. Fifteen regional CCOs currently coordinate the provision of physical, behavioral, and oral health care services for over 850,000 Oregonians enrolled in OHP. Oregon's Section 1115 Medicaid Demonstration waiver with the Centers for Medicare and Medicaid Services was renewed in 2017, continuing approval of the CCO delivery model through June 30, 2022.

**Bill Summary:** Senate Bill 1030 would have required the Oregon Health Authority (OHA) to make specified financial information about the administration of OHP and CCOs publicly available. The bill would have also required OHA to create and publish an annual per capita cost report for all CCOs that included specified information about incurred costs.

### [Senate Bill 1041](#)

Effective Date: January 1, 2020

#### CCO Financial Condition Regulation

**Chief Sponsors:** Senate Health Care

**Committees:** Senate Health Care, House Health Care

**Background and Current Law:** House Bill 3650 (2011) and Senate Bill 1580 (2012) established the Oregon Integrated and Coordinated Health Care Delivery System in which newly established coordinated care organizations (CCOs) became responsible for coordinating the physical, behavioral, and oral health care for individuals enrolled in the state's Medicaid program, the Oregon Health Plan (OHP). Fifteen regional CCOs currently coordinate the provision of services for over 850,000 Oregonians enrolled in OHP. The Division of Financial Regulation within the Department of Consumer and Business Services (DCBS) is the state's primary regulator of health insurance companies. In 2015, the division regulated health insurers covering approximately one million Oregonians. In October 2018, the Oregon Health Policy Board (OHPB) released recommendations for CCO 2.0 that charged OHP to maintain sustainable growth and ensure financial transparency, including aligning financial reporting with National Association of Insurance Commissioners (NAIC) standards.

**Bill Summary:** Senate Bill 1041 implements OHPB's recommendations regarding CCO financial transparency by granting OHA powers to regulate the financial condition of CCOs in alignment with the powers of DCBS to regulate domestic insurers. The bill also requires OHA to convene an advisory group to recommend standards for reconciling differences in reporting needed by OHA and the reporting required under the NAIC standards.

**Oregon Laws 2019:** Chapter 478

---

### [House Bill 2009](#) and [House Bill 2012-A](#)

Not Enacted

#### Creation of a Public Option for Health Insurance (Medicaid Buy-in)

**Chief Sponsors:** Reps. Salinas, Nosse; Sen. Monnes Anderson

**Committees:** House Committee on Health Care, Joint Committee on Ways and Means

**Background and Current Law:** States are exploring the concept of a Medicaid buy-in program (or public option) to establish a new coverage program targeting lower-income individuals and families not eligible for Medicaid or federal subsidies through the Affordable Care Act (ACA). States have flexibility in policy decisions when designing such programs, including provider networks, reimbursement rates, and the role of public and private plans. In 2018, Congress eliminated the ACA's individual mandate or shared responsibility financial penalty for individuals without insurance starting in 2019. Some states are moving forward with state-level individual insurance mandates, imposing penalties for those who do not maintain coverage.

**Bill Summary:** House Bill 2009 would have established a targeted Medicaid-like buy-in program and state-based shared responsibility coverage requirement. The measure would have created a coverage mandate and established a penalty for nonenrollment, which would have funded premium assistance and outreach programs. House Bill 2012-A would have established a Medicaid-like buy-in program without a shared responsibility coverage requirement. The bills would have attempted to increase health insurance enrollment by allowing individuals to pay monthly premiums to enroll in a coordinated care organization if they were not eligible for Medicaid or premium tax credits through the Affordable Care Act.

---

### [House Bill 2010](#)

**Effective Date: January 1, 2020**

## **Oregon Reinsurance Program and Medicaid Hospital Assessment**

**Chief Sponsors:** Rep. Rayfield; Sens. Steiner Hayward, Johnson

**Committees:** House Health Care, Joint Ways and Means

**Background and Current Law:** Health care services covered under Medicaid are funded through a joint federal-state partnership in which the federal government matches each state's contribution to the program. States have flexibility to determine the sources of revenue used, including the use of assessments on health care providers. Since 2003, Oregon has used multiple forms of provider assessments to cover the state's share of Medicaid services, including an assessment on net-patient revenue from specific hospitals. House Bill 2391 (2017) expanded Oregon's use of provider assessments to include an assessment on rural type A/B hospitals and a 1.5 percent assessment on health insurance premiums. It also created the Oregon Reinsurance Program to stabilize rates and premiums for individual health benefit plans and provide greater financial certainty to health insurance consumers.

**Bill Summary:** House Bill 2010 extends the sunset dates for the Oregon Reinsurance Program to January 2, 2028 and the assessments on hospitals and insurance premiums to September 30, 2025. The bill also increases the assessment on insurance premiums to two percent and expands the assessment to include stop-loss insurance.

**Oregon Laws 2019:** Chapter 2

---

### [House Bill 2011](#)

**Effective Date: September 29, 2019**

## **Cultural Competency Training for Health Professionals**

**Chief Sponsors:** Reps. Keny-Guyer, Kotek, Alonso Leon; Sens. Frederick, Monnes Anderson

**Committees:** House Health Care, Senate Health Care

**Background and Current Law:** The Legislative Assembly enacted House Bill 2611 (2013), which established a voluntary cultural competency continuing education (CCCE) program for licensed health professionals. In 2018, the Oregon Health Authority reported that 15 of the 22 professional boards required licensees to report on CCCE as part of their license renewal. As of 2018, the percentage of health care professional boards who have completed CCCE ranges from 43.9 percent (nursing) to .01 percent (emergency medical services and trauma systems).

**Bill Summary:** House Bill 2011 directs health professional licensing boards to require completion of CCCE as a condition of being authorized to practice, including renewal of licensure, starting July 1, 2021. The measure exempts people who are retired or not otherwise practicing in the state from continuing education requirements.

**Oregon Laws 2019:** Chapter 186

---

### [House Bill 2035](#)

**Not Enacted**

[\(see Senate Bill 138\)](#)

### **Mental Health Clinical Advisory Group**

**At the request of:** Governor Kate Brown for Oregon Health Authority

**Committees:** House Health Care, House Rules

**Background and Current Law:** In 2017, the Legislative Assembly passed House Bill 2300, creating a 12-member Mental Health Clinical Advisory Group within the Oregon Health Authority (OHA). The Advisory Group serves a dual advisory role to both the Oregon Pharmacy and Therapeutics Committee and OHA and provides recommendations that include: implementation of evidence-based algorithms, any necessary changes to any preferred drug list used by OHA, and practice guidelines for the treatment of mental health disorders with mental health drugs. The Advisory Group sunset on December 31, 2018.

**Bill Summary:** House Bill 2035 would have reestablished the Mental Health Clinical Advisory Group in OHA.

---

### [House Bill 2037](#)

**Effective Date: January 1, 2020**

### **Provision of Long-term Care Insurance by PEBB and OEGB**

**At the request of:** Governor Kate Brown for Oregon Health Authority

**Committees:** House Health Care, Senate Health Care

**Background and Current Law:** The Public Employees' Benefit Board (PEBB) contracts for and administers benefits for eligible state employees including mental and dental coverage; life, accident, disability and long-term care insurance; and flexible spending accounts. The Oregon Educators Benefit Board (OEGB) contracts and administers benefits for most of Oregon's K-12 school districts, education service districts, and community colleges, as well as a number of charter schools and local governments across the state.

**Bill Summary:** House Bill 2037 allows PEBB and OEGB to offer long-term care insurance plans at their discretion, rather than as a statutory requirement.

**Oregon Laws 2019:** Chapter 98

### [House Bill 2039](#)

Not Enacted

[\(see House Bill 2266\)](#)

### Eligibility Audits for PEBB and OEBC Health Coverage

**At the request of:** Governor Kate Brown for Oregon Health Authority

**Committees:** House Health Care, House Rules

**Background and Current Law:** Oregon's Public Employees' Benefit Board (PEBB) and Oregon Educators Benefit Board (OEBC) design, contract, and administer benefit programs for state employees and employees with Oregon's K-12 school districts, education service districts, and community colleges. Senate Bill 1067 (2017) required carriers that contract with PEBB and OEBC to conduct annual audits to ensure continued eligibility for an enrollee's spouse or dependents.

**Bill Summary:** House Bill 2039 would have transferred from insurance carriers to PEBB and OEBC the responsibility to audit eligibility for an enrollee's spouse or dependent and would have modified the frequency of required audits.

---

### [House Bill 2040](#)

Effective Date: January 1, 2020

### Oregon Traditional Health Workers Commission

**At the request of:** Governor Kate Brown for Oregon Health Authority

**Committees:** House Health Care, Senate Health Care

**Background and Current Law:** House Bill 3407 (2013) established the Traditional Health Workers Commission (THW Commission) within the Oregon Health Authority (OHA). The THW Commission promotes the traditional health workforce in Oregon's health care delivery system to achieve Oregon's triple aim of better health, better care, and lower costs. The THW Commission advises and makes recommendations to OHA to ensure programs are responsive to consumer and community health needs while delivering high-quality and culturally competent care.

**Bill Summary:** House Bill 2040 adds four members to the THW Commission and modifies representation requirements.

**Oregon Laws 2019:** Chapter 123

### [House Bill 2185](#)

Effective Date: January 1, 2020

#### Regulation of Pharmacy Benefit Managers

**At the request of:** House Interim Committee on Health Care

**Committees:** House Health Care, Senate Health Care, Senate Rules

**Background and Current Law:** Pharmacy benefit managers (PBMs) are intermediaries between health insurers, pharmacies, wholesalers, manufacturers, and consumers. Health insurers contract with PBMs to provide third-party administrative services for an insurer's pharmacy benefit, including claims processing, formulary, and benefit design; pharmacy network contracting; and rebate negotiation with manufacturers. In Oregon, 55 PBMs are currently registered with the Department of Consumer and Business Services.

**Bill Summary:** House Bill 2185 prohibits PBMs from requiring a consumer to fill or refill prescriptions at a mail order pharmacy; requires PBMs to reimburse the cost of a specialty drug that is filled or refilled at a long term care pharmacy; allows network pharmacies to mail, ship, or deliver prescription drugs to their patients; prohibits PBMs from penalizing a network pharmacy for informing enrollees about the difference between the out-of-pocket cost of a drug and the pharmacy's retail price; modifies the reimbursement and appeal processes between pharmacies and PBMs; and prohibits PBMs from reimbursing a 340B pharmacy differently than other network pharmacies based on its 340B status.

**Oregon Laws 2019:** Chapter 526

---

### [House Bill 2190](#)

Not Enacted

#### Optometrist Services Through Telemedicine

**At the request of:** House Interim Committee on Health Care

**Committees:** House Health Care

**Background and Current Law:** Optometrists are trained health care professionals who conduct eye exams, vision tests, prescribe and dispense corrective eye wear, and prescribe medications. Telemedicine is the practice of medicine using technology to provide care to a patient at a distant location. Telehealth refers more broadly to the use of technology to support long-distance health care as well as nonclinical services such as provider training and continuing medical education. The types of health care professionals licensed or authorized to provide telemedicine services varies within a state as does the ability to practice telemedicine across states. Coverage of and reimbursement for types of telemedicine services differs among Medicare, Medicaid, and private health plans.

**Bill Summary:** House Bill 2190 would have allowed licensed optometrists to provide services through telemedicine.

### [House Bill 2215](#)

Effective Date: April 10, 2019

#### Rights of Individuals at the Oregon State Hospital

**Chief Sponsors:** Rep. Greenlick, Sen. Gelser

**Committees:** House Health Care, Senate Human Services

**Background and Current Law:** The Oregon State Hospital (OSH) and many residential facilities operate under and are licensed by the Oregon Health Authority (OHA). Individuals committed to OSH, or ordered to undergo treatment in a residential setting, have a variety of rights under Oregon law, including the right to reasonable telephone access, to wear their own clothing, to have a written treatment plan, to be kept current on their progress, to be compensated for work, and to access the outdoors daily, among others.

**Bill Summary:** House Bill 2215 expands the rights of individuals with mental illnesses who are committed to OHA-licensed or regulated facilities, to include reasonable privacy and security while resting, sleeping, dressing, toileting, or engaging in personal hygiene activities.

**Oregon Laws 2019:** Chapter 19

---

### [House Bill 2217-A](#)

Not Enacted

#### Death with Dignity Administration

**Chief Sponsors:** Rep. Greenlick, Sen. Steiner Hayward

**Committees:** House Health Care, Senate Judiciary

**Background and Current Law:** In 1994, Oregon voters passed the Death with Dignity Act (DWDA) that allows terminally ill residents to obtain and use prescriptions to end their lives through the voluntary self-administration of a lethal dose of medications. Eligible patients may request the prescription from a participating licensed physician if other steps are fulfilled. In 2018, 249 adults received prescriptions under the DWDA and 168 individuals exercised their right to die. Most of these patients were aged 65 years or older (79.2 percent) with cancer being the most common medical diagnosis (62.5 percent).

**Bill Summary:** House Bill 2217-A would have prohibited anyone other than the patient from administering medication to end a patient's life.



### [House Bill 2220](#)

Effective Date: May 6, 2019

#### Administration of Vaccines by Dentists

**Chief Sponsors:** Reps. Schouten, Hayden

**Committees:** House Health Care, Senate Health Care

**Background and Current Law:** Proper vaccine administration is critical to ensure that vaccinations are safe and effective. States permit different health professionals to administer vaccines, including medical assistants; midwives; nurses in advanced practice and registered, practical, and vocational nurses; physician assistants; and pharmacists.

**Bill Summary:** House Bill 2220 permits licensed dentists to voluntarily prescribe and provide vaccines in Oregon and directs the Oregon Board of Dentistry to approve a training course for dentists. Dentists must report vaccine administration to the state immunization registry.

**Oregon Laws 2019:** Chapter 58

---

### [House Bill 2257](#)

Effective Date: July 23, 2019

#### Prevention and Treatment of Opioid Substance Use

**At the request of:** Governor Kate Brown

**Committees:** House Health Care, Joint Ways and Means

**Background and Current Law:** The Oregon Health Authority reports that Oregon has one of the highest rates of prescription opioid misuse in the nation. An average of three Oregonians die every week from prescription opioid overdoses, and many more develop opioid use disorders. In 2017, Governor Kate Brown created the Opioid Epidemic Task Force as a statewide effort to “combat opioid abuse and dependency.” In 2018, the Legislative Assembly passed House Bill 4143 as a multi-pronged approach to address the epidemic of opioid use.

**Bill Summary:** House Bill 2257 establishes a pilot program to treat pregnant individuals suffering from substance use disorders (SUDs) and enhances access for individuals receiving treatment for SUD services that are publicly funded. It also establishes accreditation standards for SUD programs, improves use of the state's prescription drug monitoring program, and declares substance use disorder a chronic illness.

**Oregon Laws 2019:** Chapter 583

### [House Bill 2265](#)

Effective Date: January 1, 2020

#### **Oregon Health Authority Housekeeping Bill**

**At the request of:** Governor Kate Brown for Oregon Health Authority

**Committees:** House Health Care, Senate Health Care

**Background and Current Law:** Senate Bill 885 (2001) created the Pain Management Commission charged with developing a pain management education program curriculum for licensed health care professionals and updating it biennially. Senate Bill 440 (2015) established the Health Plan Quality Metrics Committee to identify health outcome and quality measures that could be applied to services provided by coordinated care organizations (CCOs) or paid for by health benefit plans sold through the health insurance exchange or offered by the Oregon Educators Benefit Board (OEBB) or the Public Employees' Benefit Board (PEBB).

**Bill Summary:** House Bill 2265 modifies a number of Oregon Health Authority (OHA) statutes. The measure adds optometrists to the list of licensed professionals required to complete pain management education, changes the appointing authority for the Health Plan Quality Metrics Committee from the Governor to the Oregon Health Policy Board, and permits OHA to provide state agencies and the Legislative Assembly with other relevant sources of health care data.

**Oregon Laws 2019:** Chapter 3

---

### [House Bill 2266](#)

Effective Date: June 25, 2019

#### **PEBB and OEBB Employee Double Coverage**

**At the request of:** Governor Kate Brown for Oregon Health Authority

**Committees:** House Health Care, House Rules, Senate Rules

**Background and Current Law:** A legislative work group convened in the 2017 session examined options to help reduce cost increases in future budgets. The result was Senate Bill 1067 (2017), which enacted several measures affecting the Public Employees' Benefit Board (PEBB) and Oregon Educators Benefit Board (OEBB). Among other things, SB 1067 eliminated "double coverage" for PEBB and OEBB employees with family members also employed by a PEBB or OEBB employer beginning with plan years after October 1, 2019 (OEBB) and January 1, 2020 (PEBB). SB 1067 also discontinued the ability for a PEBB or OEBB employee with double coverage to decline double coverage, or "opt out" and receive payments.

**Bill Summary:** House Bill 2266 reverses the elimination of double coverage and opt-out incentives for employees covered under PEBB and OEBB, and allows PEBB and OEBB to impose a surcharge on eligible employees who arrange coverage for spouses or dependents, if a spouse or dependent has access to a plan offered by PEBB or OEBB. HB 2266 also allows PEBB and OEBB to audit dependent eligibility as recommended by consultants engaged by the boards.

**Oregon Laws 2019:** Chapter 484

### [House Bill 2267](#)

Effective Date: January 1, 2020

#### Requirements for Coordinated Care Organizations (CCOs)

**At the request of:** Governor Kate Brown for Oregon Health Authority

**Committees:** House Health Care, Joint Ways and Means

**Background and Current Law:** Oregon's coordinated care organizations (CCOs) provide patient-centered and coordinated health care for 90 percent of Medicaid beneficiaries enrolled in the Oregon Health Plan (OHP). All CCOs operate within a global budget which grows at a fixed rate, achieve performance goals, and are held accountable for the Triple Aim. In February 2019, the Oregon Health Authority (OHA) released the request for applications specifying requirements CCOs must meet to continue to serve OHP members. The new contracts represent the next phase of health care transformation, known as "CCO 2.0."

**Bill Summary:** House Bill 2267 directs CCOs to conduct a community health assessment and adopt a community health improvement plan. The measure creates a reinsurance program to support CCOs with high-cost members, establishes the Tribal Advisory Council to enhance communication between CCOs and tribal communities, and authorizes OHA to adjust the global budget of a CCO within the first eight months of the effective date of the contract to account for changes in membership.

**Oregon Laws 2019:** Chapter 529

---

### [House Bill 2269-A](#)

Not Enacted

#### Employer Health Coverage Assessment Program

**At the request of:** Governor Kate Brown for Oregon Health Authority

**Committees:** House Health Care, House Revenue

**Background and Current Law:** The Oregon Health Insurance Survey (OHIS), fielded every two years, collects information about health insurance coverage, access to care, and affordability in Oregon. According to the 2017 OHIS, 93.8 percent of individuals, or approximately 3.75 million Oregonians, had health insurance coverage through their employer or publicly funded programs such as Medicare and Medicaid. The results indicate 245,000 individuals were uninsured during this period.

**Bill Summary:** House Bill 2269-A would have created an employer assessment to fund coverage assistance programs for low-income Oregonians. The bill would have established a program to collect fees from employers with 50 or more employees who do not meet a minimum threshold of spending on health care for their employees.

### [House Bill 2270](#)

**Effective Date: December 3, 2020—Referred to the people**

#### **Taxation of Tobacco Products**

**At the request of:** Governor Kate Brown for Oregon Health Authority

**Committees:** House Health Care, House Revenue, Joint Tax Expenditures

**Background and Current Law:** Recently, the U.S. has seen an increase in the development and use of inhalant delivery systems and inhalant forms of nicotine (i.e., e-cigarettes and vapor-based products). In 2015, Oregon defined inhalant delivery systems as tobacco products for purposes of the Indoor Clean Air Act, but electronic nicotine delivery systems are not currently subject to the state's tobacco tax. The last cigarette tax increase began following the 2013 special session with tiered increases occurring until 2015.

**Bill Summary:** House Bill 2270 increases the tax rate on cigarette distributions, expands the tobacco tax to inhalant delivery systems, and dedicates the additional cigarette tax rate and inhalant delivery system taxes to the state's medical assistance program (Medicaid) and various programs addressing tobacco and nicotine use-related health and mental health issues. The measure must be submitted to the next general election for approval or rejection.

**Oregon Laws 2019:** Chapter 525

---

### [House Bill 2303-B](#)

**Not Enacted**

#### **Access to Pseudoephedrine in Cold Medications**

**Chief Sponsors:** Reps. Post, Hayden

**Committees:** House Health Care, Senate Judiciary

**Background and Current Law:** Pseudoephedrine is an ingredient in cold and allergy medications that can be used to produce methamphetamine. In 2005, Oregon reclassified pseudoephedrine as a Schedule III controlled substance, requiring a doctor's prescription to purchase products containing pseudoephedrine. The majority of other states do not require a prescription to purchase products containing pseudoephedrine, instead requiring pharmacies to electronically track and log the sale of such products using the National Precursor Log Exchange (NPLEx). Oregon uses a similar program, the Prescription Drug Monitoring Program (PDMP), to monitor controlled substances dispensed within Oregon.

**Bill Summary:** House Bill 2303-B would have allowed pharmacists to prescribe and dispense products containing pseudoephedrine to individuals at least 18 years of age with a government-issued photo identification, after consulting the PDMP.

### [House Bill 2317](#)

Effective Date: March 20, 2019

#### ALS Awareness Month in Oregon

**Chief Sponsors:** Reps. Doherty, Bonham

**Committees:** House Health Care, Senate Health Care

**Background and Current Law:** Amyotrophic lateral sclerosis (ALS) is a neurodegenerative disease that affects nerve cells in the brain and the spinal cord. In 2016, the Centers for Disease Control and Prevention (CDC) estimated that between 14,000-15,000 Americans have ALS. Although ALS can strike at any age, symptoms most commonly develop between the ages of 40 and 70. Early symptoms of ALS include muscle weakness or stiffness, gradually impairing the brain's ability to initiate and control voluntary movements. ALS is a progressive disease for which there currently is no cure.

**Bill Summary:** House Bill 2317 designates May of each year as ALS Awareness Month.

**Oregon Laws 2019:** Chapter 4

---

### [House Bill 2339](#)

Not Enacted

#### Community Sobering Facilities

**Chief Sponsors:** Reps. Stark, G Smith, Reschke

**Committees:** House Health Care, Joint Ways and Means

**Background and Current Law:** Sobering facilities provide intoxicated individuals a safe, clean, supervised facility where they can spend four to 48 hours to regain sobriety, access treatment options, and be diverted from the criminal justice system. In 2015, the Legislative Assembly required the Oregon Health Authority (OHA) to maintain a registry of sobering facilities. To qualify for registration, a sobering facility must partner with a treatment provider and consult with the provider in the adoption of safety policies and procedures. As of January 2019, there were four registered facilities in Eugene, Medford, Portland, and Grants Pass, with three facilities pending approval in Klamath, Douglas, and Marion Counties.

**Bill Summary:** House Bill 2339 would have required OHA to establish a grant program to administer funds to sobering facilities based on community need.

### [House Bill 2375](#)

Effective Date: January 1, 2020

#### **Sexual Assault Response Teams**

**Chief Sponsors:** Reps. DB Smith, Hayden

**Committees:** House Health Care, Senate Judiciary

**Background and Current Law:** In Oregon, district attorneys of each county are required to organize a sexual assault response team (SART), which must meet quarterly and have protocols in place to address sexual assault response. The SARTs consist of a representative of a prosecution-based victim assistance program, a sexual assault forensic examiner, a representative of the county sheriff's office or local law enforcement, and a nonprofit agency that receives public funding and offers support services to victims of sexual assault. Currently, certain types of health care facilities are required to have policies for treating sexual assault patients that include performing forensic medical examinations or employing or contracting with a sexual assault forensic examiner who is certified by the Oregon Sex Assault Examiner Certification Commission.

**Bill Summary:** House Bill 2375 modifies the membership of county sexual assault response teams in Oregon by adding a sexual assault nurse examiner or a representative of a hospital to the team in each county.

**Oregon Laws 2019:** Chapter 105

---

### [House Bill 2447](#)

Effective Date: January 1, 2020

#### **Experimental, Prototype Health Care of Tomorrow (EPHCOT)**

**Chief Sponsors:** Rep. Greenlick

**Committees:** House Health Care, Senate Health Care

**Background and Current Law:** Oregon has been at the forefront of health care reform efforts for more than three decades. Oregon's Medicaid program, the Oregon Health Plan (OHP), is seen as a national leader and continues to lead through innovation and health care reform initiatives. Over the past 25 years, Oregon has worked to improve the state's health delivery system, expand coverage through both its public and private health insurance markets, reduce cost growth, and promote public participation and engagement in the health policy decision-making process. Recently, Oregon enrolled Medicaid members in coordinated care organizations (CCOs) to provide patient-centered and coordinated health care through new delivery and financing models.

**Bill Summary:** House Bill 2447 establishes a collaborative led by the Oregon Health Authority to envision an alternative future of Oregon's health care system with vertically integrated, nonprofit health care systems.

**Oregon Laws 2019:** Chapter 194

### [House Bill 2510](#)

Effective Date: May 2, 2019

#### **PANDAS/PANS Awareness Day**

**Chief Sponsors:** Rep. Schouten

**Committees:** House Health Care, Senate Health Care

**Background and Current Law:** According to the National Institute of Mental Health, pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS) are characterized by obsessive compulsive disorder (OCD) and/or tic disorders that suddenly appear or worsen following a streptococcal infection. PANDAS typically appear in children from ages three to 12 and, since there is no lab test, relies on a clinical diagnosis. Pediatric acute-onset neuropsychiatric syndrome (PANS) is a newer term used to describe the larger class of acute-onset OCD without an underlying strep infection.

**Bill Summary:** House Bill 2510 creates PANDAS/PANS Awareness Day in Oregon on October 9 of each year.

**Oregon Laws 2019:** Chapter 51

---

### [House Bill 2511](#)

**Not Enacted**

#### **Treatment Coverage for PANDAS/PANS**

**Chief Sponsors:** Reps. Schouten, Prusak

**Committees:** House Health Care

**Background and Current Law:** The National Institute of Mental Health defines pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS) and pediatric acute-onset neuropsychiatric syndrome (PANS) as pediatric disorders that often appear in childhood from ages three to 12. The diagnosis of PANDAS is a clinical diagnosis based on diagnostic criteria by a health care professional. Symptoms may include motor or vocal tics, obsessions, compulsions, or a combination of these. Children diagnosed with PANDAS may also experience anxiety, inattention, trouble sleeping, and changes in motor skills, among other symptoms. A distinction between PANDAS and PANS is that children diagnosed with PANS have no association with an underlying streptococcal infection.

**Bill Summary:** House Bill 2511 would have required commercial and Medicaid health coverage for treatment of PANDAS and PANS.

### [House Bill 2563](#)

Effective Date: May 13, 2019

#### **Newborn Screening**

**Chief Sponsors:** Reps. McLain, Sollman, Schouten, Hayden

**Committees:** House Health Care, Senate Health Care

**Background and Current Law:** A well-established practice of state public health programs is universal screening of newborns before leaving the hospital. Screening helps to detect serious medical conditions that can result in early death or lifelong disability even when a newborn appears healthy. As of 2018, the Northwest Regional Newborn Screening Program screens newborns for more than 40 metabolic disorders approved by the Oregon Health Authority (OHA).

**Bill Summary:** House Bill 2563 creates the Newborn Bloodspot Screening Advisory Board in OHA. The measure requires the Board to report findings and recommendations to the Legislative Assembly no later than September 15 every two years.

**Oregon Laws 2019:** Chapter 109

---

### [House Bill 2600](#)

Effective Date: January 1, 2020

#### **Communicable Disease Prevention in Residential Care Facilities**

**Chief Sponsors:** Reps. Nathanson, Lively, McKeown

**Committees:** House Health Care, Joint Ways and Means

**Background and Current Law:** Long term care facilities provide care and assistance for individuals who need help with activities of daily living, medication, and personal care. The Department of Human Services (DHS) licenses long term care facilities including residential care facilities. The Oregon Health Authority (OHA) manages the state's public health functions from disease prevention and control to food safety and inspections.

**Bill Summary:** House Bill 2600 establishes new protocols, training, and inspection requirements for long term care, conversion, and residential care facilities to prevent and control disease outbreaks. The measure establishes training requirements for facility staff and requires DHS to annually inspect kitchens and other areas where food is prepared. The bill requires the Long Term Care Ombudsman to notify DHS or OHA of disease outbreaks reported by residents of a regulated facility.

**Oregon Laws 2019:** Chapter 592



[House Bill 2609](#)

Effective Date: May 2, 2019

[\(see House Bill 2257\)](#)

**Access to Prescription Drug Monitoring Program by Dental Directors**

**Chief Sponsors:** Reps. Hayden, Keny-Guyer

**Committees:** House Health Care, Senate Health Care

**Background and Current Law:** Oregon's Prescription Drug Monitoring Program (PDMP) contains information provided by Oregon-licensed retail pharmacies on controlled substances dispensed to Oregon residents, and is used to identify potential misuse, abuse, or diversion of prescription drugs. The information is collected and stored securely, and is only accessible to authorized individuals, including prescribing health care practitioners; medical and pharmacy directors in supervisory positions with clinics, facilities, and hospitals; licensed pharmacists; medical and pharmacy directors; and the State Medical Examiner.

**Bill Summary:** House Bill 2609 allows dental directors to access the PDMP and directs the Oregon Health Authority to disclose certain patient information from the program to dental directors to support the delivery of quality dental care.

**Oregon Laws 2019:** Chapter 53

---

[House Bill 2610](#)

Not Enacted

**Hotel and Lodging Inspections**

**Chief Sponsors:** Rep. G Smith

**Committees:** House Health Care

**Background and Current Law:** States operate programs that conduct investigations of hotels, motels, campgrounds, inns, and RV parks to monitor the safety and sanitary conditions of such travel establishments and to protect the health and welfare of the public. The Oregon Health Authority (OHA) manages the state's public health functions and is responsible for ensuring sanitation and licensing of travel accommodations including fee collection and review, approval, or denial of an establishment's license.

**Bill Summary:** House Bill 2610 would have created a statewide hotel and lodging inspection program managed by OHA, directing the agency to conduct periodic health inspections of hotels and lodging facilities. The measure specified the criteria for the program and would have authorized OHA to assess inspection fees and a civil penalty when a lodging facility failed to post inspection results.

### [House Bill 2621](#)

Not Enacted

#### Statewide Mental Health Support Line

**Chief Sponsors:** Rep. Noble; Sens. Monnes Anderson, Knopp

**Committees:** House Health Care

**Background and Current Law:** In 2016, Oregon State University (OSU) released a report highlighting the issue of “boarding” patients with mental illnesses in hospital emergency departments (EDs). The report identified factors that contribute to ED “boarding,” including the lack of community outpatient treatment and crisis response services, severity of psychiatric conditions, and limited inpatient resources. The report also outlined policy proposals.

**Bill Summary:** House Bill 2621 would have created a statewide mental health crisis support access line to aid hospitals in treating individuals experiencing a behavioral health crisis.

---

### [House Bill 2622](#)

Not Enacted

#### Organ Donor Registry and Public Awareness Fund

**Chief Sponsors:** Rep. Fahey; Sen. Dembrow

**Committees:** House Health Care

**Background and Current Law:** Individuals 15 years of age or older can register as donors at the Oregon Department of Motor Vehicles (DMV) and indicate that upon their death, they wish to donate organs or tissues deemed viable for the specific purpose of life-saving organ or life-enhancing tissue transplants. Individuals can also directly register as donors online or with a paper form and may indicate any specific organs or tissues they do not want to donate, which will be documented in the confidential Donor Registry.

**Bill Summary:** House Bill 2622 would have created the Organ Donor Registry and Public Awareness Fund to promote statewide public awareness of organ donation. The measure would have allowed the Department of Transportation to accept donations for the Fund from individuals who apply for or renew a driver permit, driver license, identification card, or vehicle registration.

### [House Bill 2624](#)

Not Enacted

#### Emergency Department Boarding Pilot Project and Task Force

**Chief Sponsors:** Reps. Boles, Nosse, G Smith; Sen. Monnes Anderson

**Committees:** House Health Care

**Background and Current Law:** In 2016, Oregon State University released a report highlighting the issue of “boarding” patients with mental illness in hospital emergency departments (EDs). The report found that during a one-year period, 2.1 percent of all hospital ED visits were psychiatric ED boarding episodes, average boarding time for psychiatric and nonpsychiatric visits were 18 and 17 hours respectively, and the cost of an ED psychiatric visit was higher than average per-visit cost. Factors that contribute to ED “boarding” are lack of community outpatient treatment and crisis response services, severity of psychiatric conditions, and limited inpatient resources.

**Bill Summary:** House Bill 2624 would have created the Emergency Department Boarding Pilot Project and directed the Oregon Health Authority to grant funds to hospitals to provide treatment for individuals. The measure would have established a 13-member Task Force on Emergency Department Boarding.

---

### [House Bill 2627-A](#)

Not Enacted

#### Peer-managed Recovery Centers

**Chief Sponsors:** Rep. Sanchez

**Committees:** House Health Care, Joint Ways and Means

**Background and Current Law:** The Centers for Medicare and Medicaid Services recognize peer-delivered services as a tool for treating behavioral health disorders. Peer-delivered services involve outreach, social support, problem-solving, help navigating community and medical services, and recovery promotion such as wellness skills. Services are provided by individuals who are receiving mental health services or are in recovery from addiction disorders.

**Bill Summary:** House Bill 2627-A would have directed the Oregon Health Authority (OHA) to contract with at least four peer-managed recovery centers to offer peer support services for individuals seeking or in recovery from substance use disorders. The measure would have required OHA to appoint a full-time Recovery Advocate to administer, develop, and maintain the network of recovery centers and allocated \$150,000 to support outreach in rural areas using telemedicine.

### [House Bill 2638](#)

Effective Date: January 1, 2020

#### Alcohol and Drug Policy Commission

**Chief Sponsors:** Rep. Sanchez

**Committees:** House Health Care, Senate Human Services

**Background and Current Law:** The Alcohol and Drug Policy Commission (Commission) was created by the Legislative Assembly in 2009 and is responsible for developing recommendations to provide comprehensive addiction, prevention, treatment, and recovery services in Oregon. The Commission has varied in size over time, with 20 commissioners as of 2019.

**Bill Summary:** House Bill 2638 modifies the composition of the Commission by requiring at least 75 percent of members represent public health and health care stakeholder groups and up to 25 percent of members represent public safety. The measure allows the Commission's director to recommend replacing a member if a member is absent from more than two consecutive scheduled meetings. Lastly, the measure adds "tribal" to the definition of alcohol and drug abuse prevention and treatment programs in Oregon.

**Oregon Laws 2019:** Chapter 54

---

### [House Bill 2658](#)

Effective Date: January 1, 2020

#### Manufacturer Reporting of Prescription Drug Price Increases

**Chief Sponsors:** Rep. Salinas; Sen. Monnes Anderson

**Committees:** House Health Care, Senate Health Care

**Background and Current Law:** In 2018, Oregon passed House Bill 4005 creating the Oregon Prescription Drug Price Transparency program in the Department of Consumer and Business Services. The program provides notice and disclosure of information from manufacturers relating to the cost and pricing of prescription drugs in the state. The law requires drug manufacturers to file annual reports for each drug with a net yearly price increase of 10 percent or more, if the drug costs at least \$100 for a month's supply or for a course of treatment lasting less than one month.

**Bill Summary:** House Bill 2658 modifies the reporting requirements for drug manufacturers on increases in pharmaceutical drug prices and instead requires manufacturers to report the planned increase in the price of a prescription drug at least 60 days before the date of the increase with specific thresholds for reporting for brand-name and generic drugs. HB 2658 exempts generic drugs manufactured by four or more companies from reporting requirements.

**Oregon Laws 2019:** Chapter 436

### [House Bill 2667](#)

Not Enacted

#### **Suicide Intervention and Prevention Coordinator**

**Chief Sponsors:** Rep. Keny-Guyer

**Committees:** House Health Care

**Background and Current Law:** According to the state public health agency, suicide is the eighth-leading cause of death in Oregon resulting in more than 825 deaths in 2017 and more than 2,100 hospitalizations each year. Oregon's adult suicide rate has increased annually since 2009, up to 17.9 suicides per 100,000 individuals in 2018.

**Bill Summary:** House Bill 2667 would have established a suicide intervention and prevention coordinator in the Oregon Health Authority responsible for developing strategies to address suicides by adults, improving outreach to adults at risk for suicide, and providing technical assistance to state and local entities.

---

### [House Bill 2678-B](#)

Not Enacted

#### **Preferred Drug List in Medicaid (Oregon Health Plan)**

**Chief Sponsors:** Rep. Nosse

**Committees:** House Health Care, Joint Ways and Means, House Rules

**Background and Current Law:** States have passed and continue to explore legislation and policies to control spending on prescription drugs in Medicaid programs. An example is the use of formularies or preferred drug lists (PDLs). Medicaid managed-care organizations normally require that enrollees use prescription drugs from a formulary or PDL, which limits choices to preferred cost-effective drugs within various "families" of drugs for different conditions (therapeutic class). Oregon's Practitioner-Managed Prescription Drug Plan (PMPDP) requires the state's Medicaid plan, the Oregon Health Plan (OHP), to maintain a list of the most cost-effective drugs to prescribe for fee-for-service enrollees (i.e., open-card OHP patients). This list is OHP's PDL.

**Bill Summary:** House Bill 2678-B would have required the Oregon Health Authority (OHA) to adopt and maintain a PDL for Medicaid fee-for-service drugs and a partially aligned PDL for prescription drugs reimbursed through coordinated care organizations. The bill required certain prescriptions to be dispensed in generic form unless OHA had granted prior authorization.

### [House Bill 2679-A](#)

Not Enacted

#### State Bulk Purchasing of Prescription Drugs

**Chief Sponsors:** Rep. Nosse

**Committees:** House Health Care, Joint Ways and Means

**Background and Current Law:** Multiple states have partnered to bulk purchase prescription drugs to lower costs by negotiating price concessions and rebates from manufacturers. Oregon is a member of the Sovereign States Drug Consortium, a multi-consortium of 12 state Medicaid programs that operates through memorandums of understanding among the states to negotiate discounts from manufacturers. The Minnesota Multistate Contracting Alliance for Pharmacy is a group-purchasing organization of 49 states and local government entities that does not serve state Medicaid programs. The Northwest Prescription Drug Program is a consortium between Oregon and Washington. In 2018, the two-state consortium managed \$800 million in annual drug purchases for more than one million enrollees.

**Bill Summary:** House Bill 2679-A would have directed the Oregon Prescription Drug Program to cooperate with the State of California to bulk purchase prescription drugs. The measure would have authorized the administrator of the Oregon prescription drug program to contract with a pharmacy benefit manager and establish a state-managed wholesale, retail drug distribution, or dispensing system.

---

### [House Bill 2680-A](#)

Not Enacted

#### Prescription Drug Purchasing through Canadian Provinces

**Chief Sponsors:** Rep. Nosse

**Committees:** House Health Care, Joint Ways and Means

**Background and Current Law:** Oregon's Prescription Drug Program (OPDP) was created in 2003 as the state's only prescription drug purchasing pool, which negotiates discounts with drug manufacturers to make prescription drugs available at the lowest possible price for Oregon residents. In 2006, the program joined with Washington's state program and formed the Northwest Prescription Drug Program. In 2018, a total of 306,493 residents were enrolled in OPDP's discount card program. According to the Oregon Health Authority, since the discount card program started in 2005, approximately \$130 million in savings has been achieved.

**Bill Summary:** House Bill 2680-A would have directed the OPDP to cooperate with regional Canadian governments to bulk purchase prescription drugs. The measure would also have allowed the OPDP to contract with a pharmacy benefit manager, establish a state-managed wholesale, retail drug distribution, or dispensing system.

### [House Bill 2687](#)

Not Enacted

#### Organ Transplants and Medical Marijuana Use

**Chief Sponsors:** Rep. Nosse

**Committees:** House Health Care

**Background and Current Law:** In recent years, states have legalized medical and recreational use of marijuana with use of the substance increasing over the past decade. In 1998, Oregon approved legalization of marijuana for medicinal use based on a set of qualifying medical conditions. Then in 2014, residents of Oregon voted to legalize recreational use of marijuana. According to the Oregon Health Authority, as of July 2018, approximately 39,000 individuals had registered for a medical marijuana card after having received a statement written by a physician. As states legalize medical use of marijuana, health care professionals and organ donor registry organizations have worked to address issues around receipt and gifting of organ transplants.

**Bill Summary:** House Bill 2687 would have prohibited a hospital or health care professional from disqualifying an individual as suitable for organ transplant based on a patient's medical use of marijuana.

---

### [House Bill 2689-A](#)

Not Enacted

#### State Purchasing and Importation of Prescription Drugs

**Chief Sponsors:** Reps. Nosse, Mitchell, Prusak, Salinas; Sens. Linthicum, Steiner Hayward

**Committees:** House Health Care, Joint Ways and Means

**Background and Current Law:** The United States is the largest importer of pharmaceutical drugs globally, with higher prescription drug spending and prices than other high-income countries. Drug spending in the U.S. is estimated to grow 6.3 percent annually from 2017-2026. Approximately 80 percent of pharmaceutical ingredients and 40 percent of finished drugs are manufactured outside of the U.S. As of January 2019, 12 states have introduced legislation to purchase and import high-cost drugs from wholesalers in Canada. State-administered wholesale importation seeks to increase price competition and requires federal certification.

**Bill Summary:** House Bill 2689-A would have required the Oregon Health Authority to design a wholesale drug importation program that is safe and efficient and to operate as a licensed drug wholesaler to import prescription drugs from Canada.

### [House Bill 2690](#)

**Not Enacted**

#### **Advertising of Prescription Drugs**

**Chief Sponsors:** Reps. Nosse, Prusak

**Committees:** House Health Care

**Background and Current Law:** In the United States, pharmaceutical manufacturers advertise and market prescription drugs to consumers, referred to as “direct-to-consumer” (DTC) advertising, using television, print, radio, the Internet, and other forms of media. Ads often describe the product, the disease or condition it treats, as well as potential benefits and risks to consumers. Currently, DTC advertising of prescription drugs does not provide consumers with information about the cost of a drug. States have sought to regulate the marketing and advertising of pharmaceuticals including DTC advertising.

**Bill Summary:** House Bill 2690 would have required pharmaceutical manufacturers to disclose the price of prescription drugs in consumer advertising in Oregon

---

### [House Bill 2691](#)

**Effective Date: January 1, 2020**

#### **Oregon Psychiatric Access Line (OPAL)**

**Chief Sponsors:** Rep. Nosse

**Committees:** House Health Care, Senate Health Care

**Background and Current Law:** Initially focusing on children, the Oregon Psychiatric Access Line (OPAL) was established in 2013 with funding from the Legislative Assembly. A collaboration between Oregon Health and Science University's Division of Child and Adolescent Psychiatry, Adult Psychiatry, the Oregon Pediatric Society, and the Oregon Council of Child and Adolescent Psychiatry, OPAL provides free, same-day, Monday through Friday, child and adult psychiatric phone consultation to primary care providers in Oregon.

**Bill Summary:** House Bill 2691 establishes statutory authority for OPAL to provide real-time psychiatric consultation services to primary care providers who care for patients with mental health disorders. The measure requires psychiatrists providing advice to primary care providers through the access line be informed by guidelines in the Practitioner-Managed Prescription Drug Plan or recommended by the Pharmacy and Therapeutics Committee.

**Oregon Laws 2019:** Chapter 87



### [House Bill 2692](#)

Effective Date: May 13, 2019

#### Medicaid Pharmacy and Therapeutics Committee

**Chief Sponsors:** Rep. Nosse

**Committees:** House Health Care, Senate Health Care

**Background and Current Law:** In 2001, the Legislative Assembly enacted Senate Bill 819, which created the Practitioner-Managed Prescription Drug Plan (PMPDP). The PMPDP requires the state's Medicaid plan, the Oregon Health Plan (OHP), to maintain a list of the most cost-effective drugs to prescribe for fee-for-service enrollees (i.e., those not enrolled in managed care). The Pharmacy and Therapeutics Committee is an 11-member advisory committee of physicians, pharmacists, and consumer representatives, and is responsible for performing drug use review and making drug policy recommendations for OHP.

**Bill Summary:** House Bill 2692 requires the Pharmacy and Therapeutics Committee to publish on the Oregon Health Authority's website within seven days any recommendations pertaining to the Practitioner-Managed Prescription Drug Plan. The measure grants the Director of the Oregon Health Authority the ability to reconsider any decision to approve, disapprove, or modify a recommendation seven days after publication of a decision by the Committee on a specific drug.

**Oregon Laws 2019:** Chapter 111

---

### [House Bill 2693](#)

Not Enacted

#### Coverage of Telemedicine Services

**Chief Sponsors:** Rep. Nosse; Sen. Beyer

**Committees:** House Health Care

**Background and Current Law:** Telehealth is the practice of medicine using technology to provide care to a patient at a distant location. The types of health care professionals licensed or authorized to provide telemedicine services varies within each state, as does the ability to practice telemedicine across states. Coverage of and reimbursement for types of telemedicine services differs among payers, including Medicare, Medicaid, and private health plans.

**Bill Summary:** House Bill 2693 would have established telemedicine coverage and reimbursement requirements for commercial health plans.

### [House Bill 2703](#)

**Not Enacted**

#### **Short-term Health Plans**

**Chief Sponsors:** Rep. Nosse

**Committees:** House Health Care

**Background and Current Law:** Recently, the federal government redefined short-term health plans by extending the duration of these plans for up to 12 months, with a total duration of 36 months (or less) for renewals starting in 2019. These types of health plans are primarily designed to fill temporary gaps in insurance coverage that may occur when individuals transition between coverage. Federal law allows states to regulate short-term health plans as these plans are exempt from the federal Affordable Care Act requirements such as guaranteed availability, required benefit coverage, lifetime and annual dollar limits, and coverage for pre-existing conditions. Oregon law currently limits short-term health insurance plans to three months.

**Bill Summary:** House Bill 2703 sought to modify current regulation of short-term health insurance plans in Oregon by directing the Department of Consumer and Business Services to adopt rules to offer these policies.

---

### [House Bill 2706](#)

**Effective Date: July 23, 2019**

#### **Oral Health Coverage for COFA Residents**

**Chief Sponsors:** Reps. Rayfield, Hayden, Keny-Guyer, Post, Stark; Sens. Monnes Anderson, Hansell

**Background and Current Law:** In 2016, the Legislative Assembly established a premium assistance program that provides health coverage to low-income citizens of the Pacific Islands in the Compact of Free Association (known as COFA) who reside in Oregon. The program does not provide dental coverage, as federal subsidies are not designed to cover dental services. Senate Bill 147 (2017) required the Department of Consumer and Business Services (DCBS) to convene a work group to develop recommendations to create a program to reimburse the costs of oral health care for low-income COFA residents. The work group concluded that an oral health coverage program should be created using the managed care dental framework employed for individuals covered by the Oregon Health Plan, which has no out-of-pocket costs and a single dental coverage plan for adults.

**Bill Summary:** House Bill 2706 directs DCBS to evaluate the feasibility of administering a program to provide oral health care to low-income COFA residents who lack access to affordable dental coverage. The bill requires DCBS to obtain estimates of the cost to contract with dental care organizations to provide oral health care to COFA citizens.

**Oregon Laws 2019:** Chapter 593

### [House Bill 2717-A](#)

Not Enacted

#### **Ambulatory Surgery Centers - Data Collection and Reporting**

**Chief Sponsors:** Rep. Nosse

**Committees:** House Health Care, Joint Ways and Means

**Background and Current Law:** Ambulatory Surgery Centers (ASCs) are health care facilities that provide same-day surgical care. In 2018, the Legislative Assembly passed House Bill 4020 establishing criteria for and licensing of extended stay centers (ESCs). The measure also allowed the Oregon Health Authority (OHA) to collect discharge data and establish fees for data collection and licensing ASCs and ESCs.

**Bill Summary:** House Bill 2717-A would have removed current data reporting requirements for ASCs and ESCs in Oregon.

---

### [House Bill 2753](#)

Not Enacted

[\(see House Bill 2185\)](#)

#### **Pharmaceutical Substitution by Pharmacists**

**Chief Sponsors:** Reps. Salinas, Nosse

**Committees:** House Health Care

**Background and Current Law:** Pharmaceutical manufacturers produce and sell brand-name, generic, and biologic prescription drugs. Generic drugs comprise the largest portion of the pharmaceutical market, providing approximately 90 percent of all drugs dispensed to consumers, as they often are a less costly version of a brand-name drug. Prescription drug substitution or interchanging of drugs, brand-name or generic, involves medical efficacy, equivalence of pharmaceutical products, and price and consumer affordability. States have allowed pharmacists some choice in dispensing or filling a prescription with a lower-price version if consumers might save money and the substituted drug is therapeutically equivalent.

**Bill Summary:** House Bill 2753 would have directed pharmacists to dispense less costly generic medications to the consumer instead of the most expensive brand-name medication.

### [House Bill 2799](#)

Not Enacted

#### Prescription Drugs, Consumer Cost Sharing

**Chief Sponsors:** Rep. Schouten

**Committees:** House Health Care

**Background and Current Law:** Oregon's commercial market includes group and nongroup health insurance types. Group insurance refers to small-group, large-group, self-insured, associations, trusts, and Multiple Employer Welfare Arrangements. Nongroup or "individual" insurance refers to individuals who directly purchase health coverage from carriers on and off the health insurance marketplace, established by the federal Affordable Care Act. Carriers that operate plans in the group and nongroup markets offer a wide array of plans with different coinsurance, copayments, deductibles, and other out-of-pocket costs an individual must pay for covered services.

**Bill Summary:** House Bill 2799 would have required carriers that offer small employer, group, and individual health plans to offer at least 25 percent of plans with no deductible or other cost-sharing requirements for prescription drugs. The measure would also have required carriers to report annually to the Department of Consumer and Business Services any changes to drug formulary or patient cost-sharing in the preceding 12-month period.

---

### [House Bill 2831](#)

Not Enacted

#### Community-based Peer Respite Centers

**Chief Sponsors:** Reps. Hayden, Nosse

**Committees:** House Health Care, Joint Ways and Means

**Background and Current Law:** The federal Substance Abuse and Mental Health Administration (SAMHA) states that peer crisis respite service is a model that offers community-based support and prevention to help individuals at risk of or experiencing a mental health or psychiatric crisis by offering a recovery-oriented system. Such services provide an alternative to psychiatric hospitalization with a focus on peer-run wellness and recovery services that are short-term, safe, voluntary, and operate 24 hours per day in a home-like setting. These centers are most often peer-run organizations with staff that have a lived experience of the behavioral health system with professional crisis support training.

**Bill Summary:** House Bill 2831 would have allowed the Oregon Health Authority (OHA) to fund up to three peer respite centers in a home-like setting to serve individuals with mental illnesses who are experiencing acute distress, anxiety, or emotional pain that may lead to the need for inpatient hospital services. The measure would have authorized OHA to establish funding criteria, data reporting and monitoring requirements, and investigation and assessment authority to ensure quality of services.

### [House Bill 2840-A](#)

Not Enacted

[\(see House Bill 2185\)](#)

### Regulation of Pharmacy Benefit Managers (PBMs)

**Chief Sponsors:** Reps. Noble, Nosse; Sen. Steiner Hayward

**Committees:** House Health Care, Joint Ways and Means

**Background and Current Law:** Pharmacy entities dispense pharmaceutical products directly to consumers. Pharmaceutical products are ordered by the pharmacy and delivered by a wholesale distributor or purchased directly from a manufacturer. Licensed pharmacists dispense products to consumers according to prescriptions received by written note or electronic transmission. Most health insurers contract with pharmacy benefit managers (PBMs) to process pharmacy claims, benefit design, contract with pharmacies, and negotiate rebates with manufacturers. PBMs also provide mail-order or specialty pharmacy services.

**Bill Summary:** House Bill 2840-A would have established restrictions on pharmacy benefit managers who operate in Oregon to ensure pharmacies and consumers have information about the costs of prescription drugs.

---

### [House Bill 2845](#)

Not Enacted

### Nurse Midwives and Freestanding Birthing Centers

**Chief Sponsors:** Reps. Keny-Guyer, Clem, Prusak, Schouten

**Committees:** House Health Care

**Background and Current Law:** Freestanding birthing centers support natural labor and delivery by trained midwives and staff; offer a “family-centered” experience; and provide care before, during, and after normal pregnancy, labor, and birth. Birthing centers use midwives as the primary care providers who work with physicians and hospitals to provide maternity care and are often licensed by states. As of January 2019, the Oregon Health Authority licensed 15 birthing centers, which are defined as nonhospital settings where childbirth is planned and occurs away from a private residence. Oregon also licenses three types of midwives: (1) licensed direct-entry midwives, (2) certified nurse-midwives, and (3) certified professional midwives.

**Bill Summary:** House Bill 2845 sought to improve access to midwifery care by requiring insurers and Medicaid to reimburse for pregnancy-related services for women and children. The bill also would have required insurers to pay a fee to freestanding birthing centers and reimburse using a methodology to be developed by the Oregon Health Authority.

### [House Bill 2935](#)

Effective Date: June 20, 2019

#### Prescription Drug Readers for the Visually Impaired or Blind

**Chief Sponsors:** Rep. Alonso Leon; Sen. Monnes Anderson

**Committees:** House Health Care, Senate Health Care

**Background and Current Law:** For consumers to safely and effectively manage their medications, it is critical that they understand the types of medications prescribed, the recommended doses, duration, and potential side effects. Prescription drugs dispensed by pharmacists include labels that provide written information and instructions for consumers; however, reading and understanding the labels on prescription drugs can be difficult for individuals who are visually impaired or blind. In recent years, companies have developed devices that read the information provided on a prescription bottle aloud, helping individuals identify and manage their medications.

**Bill Summary:** House Bill 2935 requires pharmacies to notify and provide access to prescription readers for blind and visually impaired customers, upon request.

**Oregon Laws 2019:** Chapter 438

---

### [House Bill 2945](#)

Not Enacted

#### Nurse Staff Safety at Oregon Hospitals

**Chief Sponsors:** Rep. Nosse

**Committees:** House Health Care

**Background and Current Law:** In 2015, the Legislative Assembly required each hospital to establish a nurse staffing committee and develop written staffing plans to ensure that the facility is staffed to meet the health care needs of patients. In addition, the legislature established a 12-member Nurse Staffing Advisory Board charged with advising the Oregon Health Authority (OHA) regarding administration of staffing plans, reviewing OHA's ability to enforce staffing plans, and requiring OHA to audit individual hospitals every three years. Hospitals found to be in violation of the administrative rules for nurse staffing services receive an audit report, must submit a plan of correction to OHA if needed, and must post online any reports generated from nurse staffing surveys and complaint investigations.

**Bill Summary:** House Bill 2945 sought to increase resources for OHA to oversee and enforce hospital nurse staffing plans by increasing the number of full-time employees responsible for investigating hospital-based nurse staffing plan complaints.

### [House Bill 2961](#)

Not Enacted

#### Price Disclosure in Advertising of Pharmaceutical Drugs

**Chief Sponsors:** Reps. Prusak, Meek, Wallan

**Committees:** House Health Care

**Background and Current Law:** In the United States, pharmaceutical manufacturers advertise and market prescription drugs to consumers, referred to as “direct-to-consumer” (DTC) advertising, using television, print, radio, the Internet, and other forms of media. Ads often describe the product, the disease or condition it treats, as well as potential benefits and risks to consumers. Currently, DTC advertising of prescription drugs does not provide consumers with information about the cost of a drug. Prescription drug pricing and costs are determined by industry practices, consumer demand, and financial negotiations between pharmaceutical market entities. The National Conference of State Legislatures reports that states have sought to regulate the marketing and advertising of pharmaceuticals including advertising.

**Bill Summary:** House Bill 2961 would have required pharmaceutical manufacturers to disclose the price of prescription drugs in consumer advertising in Oregon and established civil penalties of up to \$5,000 for each violation.

---

### [House Bill 2986-A](#)

Not Enacted

#### Regional Health Equity Coalitions

**Chief Sponsors:** Rep. Alonso Leon; Sen. Monnes Anderson

**Committees:** House Health Care, Joint Ways and Means

**Background and Current Law:** The Oregon Health Authority (OHA) funds six regional health equity coalitions (RHECs) that serve 11 counties and the Confederated Tribes of Warm Springs. The coalitions work in their communities to address issues related to health care, education, housing, employment, and transportation, among others, and support policies that address health equity issues, both at the local and state level for vulnerable and marginalized populations.

**Bill Summary:** House Bill 2986-A sought to establish formal partnerships between OHA, coordinated care organizations, and RHECs. The measure would have directed coordinated care organizations that have a RHEC in their region to seek out local culturally specific community-based organizations or provide funding opportunities to create new coalitions. House Bill 2986-A also sought to establish a fidelity committee to oversee the coalitions.

### [House Bill 3063-B](#)

Not Enacted

#### Childhood Immunizations and School Attendance

**Chief Sponsors:** Reps. Greenlick, Helt, Mitchell, Schouten, Wilde; Sen. Thomsen

**Committees:** House Health Care, Joint Ways and Means, Senate Health Care

**Background and Current Law:** According to the National Conference of State Legislatures, all 50 states have laws requiring specified vaccines for students related to school entry requirements, with all states allowing exemptions for medical reasons. As a condition of attending any school in Oregon, every child through grade 12 is required to be immunized against 11 vaccine-preventable diseases. Forty-seven states have nonmedical exemptions on religious grounds, and 17 states allow exemptions for personal or philosophical beliefs. Currently, Oregon allows both medical and nonmedical exemptions.

**Bill Summary:** House Bill 3063-B would have removed the ability of a parent or legal guardian to decline, on behalf of a child, immunizations required to enroll in school or child care for a reason other than a child's medical diagnosis.

---

### [House Bill 3074](#)

Effective Date: January 1, 2020

#### Insurance Rate Review

**Chief Sponsors:** Rep. Nosse

**Committees:** House Health Care, Senate Health Care

**Background and Current Law:** In 2007, the Legislative Assembly passed House Bill 3103, which required health insurers to submit rate filings for review and approval for small employer, portability, and individual health benefit plans. The rate review and approval process, overseen by the Department of Consumer and Business Services, is open to public review and input.

**Bill Summary:** House Bill 3074 streamlines the process for approving rates for health benefit plans in Oregon by removing several steps in the process used to approve, disapprove, or modify a rate filing after the close of the 30-day public comment period.

**Oregon Laws 2019:** Chapter 441



### [House Bill 3075](#)

Not Enacted

[\(see House Bill 2266\)](#)

### PEBB and OEGB Dependent Coverage

**Chief Sponsors:** Reps. Salinas, Gorsek, Witt

**Committees:** House Health Care, House Rules

**Background and Current Law:** In 2017, the Legislative Assembly enacted Senate Bill 1067, which affected the Public Employees' Benefit Board (PEBB) and Oregon Educators Benefit Board (OEGB) by eliminating "double coverage" for PEBB and OEGB employees who have family members also employed by a PEBB or OEGB employer. The measure also discontinued the ability for a PEBB or OEGB employee with double coverage to decline double coverage or "opt out" and receive payments.

**Bill Summary:** House Bill 3075 sought to restore the ability for employees and their family members and dependents in state-sponsored health plans, if eligible, to receive "double insurance coverage" or "opt-out" financial incentives.

---

### [House Bill 3076](#)

Effective Date: January 1, 2020

### Patient Financial Assistance Policies for Nonprofit Hospitals

**Chief Sponsors:** Rep. Salinas

**Committees:** House Health Care, House Rules, Senate Rules

**Background and Current Law:** Not-for-profit hospitals may qualify for tax-exempt status at both the federal and state level (e.g., 501(c)(3) status), but must comply with a number of requirements (in addition to those imposed by the Affordable Care Act). These requirements include: publicizing a written financial assistance policy detailing eligibility criteria; a policy requiring the organization to provide emergency medical care indiscriminately regardless of a patient's eligibility for assistance; charging the same amounts for emergency or other medically necessary care provided to individuals eligible for assistance as to individuals with insurance; checking if an individual is eligible for assistance prior to engaging in financial collection actions; and conducting a community health needs assessment and adopting a strategy to meet identified needs. To maintain tax-exempt status at the state level, not-for-profit hospitals must document the benefits they provide to communities and report annually to the Oregon Health Authority (OHA). Oregon's 60 nonprofit acute care hospitals are subject to this reporting requirement. According to OHA's Office of Health Analytics Community Benefit Report, Oregon hospitals provided \$2.2 billion in community benefits in fiscal year 2016.

**Bill Summary:** House Bill 3076 regulates the charity care policies of nonprofit hospitals and health systems, requiring nonprofit hospitals to maintain financial assistance policies that include specified reductions based on a patient's household income. The measure requires OHA to establish a community benefit spending floor applicable to nonprofit hospitals. The bill requires hospitals to annually report to OHA.

**Oregon Laws 2019:** Chapter 497

### [House Bill 3095-A](#)

**Not Enacted**

#### **Medicaid Funding for Behavioral Health Services**

**Chief Sponsors:** Rep. Nosse

**Committees:** House Health Care, Joint Ways and Means

**Background and Current Law:** According to the Centers for Medicare and Medicaid Services (CMS), Medicaid is the largest payer for mental health services in the United States and plays a significant role in the reimbursement of substance use disorder services. CMS states that individuals with behavioral health issues (a mental disorder, substance use disorder, or both) utilize significant health care services with approximately 12 million visits to hospital emergency departments across the nation in 2007.

**Bill Summary:** House Bill 3095-A would have directed the Oregon Health Authority (OHA) to increase reimbursement rates for behavioral health providers who serve Medicaid enrollees in fee-for-service and adjust these rates every two years to reflect increases in the consumer price index.

---

### [House Bill 3165](#)

**Effective Date: July 23, 2019**

#### **Provisions of School-based Health Services**

**Chief Sponsors:** Reps. Nathanson, G Smith

**Committees:** House Health Care, Joint Ways and Means

**Background and Current Law:** According to the Oregon Health Authority (OHA), school-based health centers (SBHCs) are required to provide physical, mental, and preventive services to all students regardless of the student's ability to pay. SBHCs are located within a school or on school grounds. In 2017, there were 78 certified SBHCs in 25 counties; 43 in high schools, seven in middle schools, 12 in elementary schools, and 16 at combined-grade campuses. During the 2016-2017 school year, SBHCs provided over 114,000 individual visits for 35,000 clients with 61 percent of visits for primary care, 37 percent for behavioral health, and two percent for dental care.

**Bill Summary:** House Bill 3165 appropriates \$950,000 and requires OHA to consult with the Department of Education to select 10 school or education service districts to receive grants for planning and technical assistance to support school-based health care. The measure directs grantees to solicit community participation in the planning process including federally qualified health centers and coordinated care organizations in the education service district. The bill directs OHA to contract with a statewide nonprofit organization to create tools and provide support to the 10 grantees.

**Oregon Laws 2019:** Chapter 601

### [House Bill 3192](#)

Not Enacted

#### **Assessment on Manufacturers of Prescription Opioids**

**Chief Sponsors:** Rep. Smith Warner

**At the request of:** Multnomah County

**Committees:** House Health Care, House Revenue

**Background and Current Law:** Addiction to and overdose from nonmedical use of prescription opioid pain medications in Oregon and across the nation has reached epidemic levels. In 2017, some estimates of collateral treatment costs for emergency room visits and hospital care annually rose to \$20 billion, not including impacts on the criminal justice system, systems that provide a spectrum of social services, and the costs of increasing litigation against the relevant drug manufacturers and prescribing doctors.

**Bill Summary:** House Bill 3192 would have imposed an assessment of \$0.01 per morphine milligram equivalent per year on each manufacturer of prescription opioids dispensed in Oregon. Assessment funds would have been used to support the prevention, treatment, and safe recovery from opioid addiction and other substance use disorders.

---

### [House Bill 3262](#)

Not Enacted

#### **Employer Assessment for Employees Receiving Public Assistance**

**Chief Sponsors:** Reps. Gorsek, Schouten, Piluso, Salinas; Sens. Monnes Anderson, Steiner Hayward

**Committees:** House Health Care, House Revenue

**Background and Current Law:** Results of the Oregon Employment Department's Oregon Benefits Survey (2018) indicate nine out of 10 employers with at least 50 payroll employees in Oregon (any combination of full- and part-time) offer health benefits to some or all of their employees. By comparison, slightly less than half (45 percent) of employers with fewer than 50 employees offer any health benefits. Employee medical coverage was among the most common of all employer-provided benefits, with six out of 10 private employers extending the option. That share differs widely based on employer size class and an employee's part-time or full-time status. Employers with 50 or more payroll employees account for less than five percent of all firms in Oregon yet provide six out of 10 jobs in the state.

**Bill Summary:** House Bill 3262 would have assessed large businesses with at least 100 full-time or part-time employees who receive or have family members who receive public assistance. The measure would have created the Taxpayer Reimbursement Fund to deposit fees and penalties assessed on eligible businesses that employ subsidized employee(s). The bill specified that money collected was to be deposited in the Oregon Rainy Day Fund for state expenditures on public assistance programs.

### [House Bill 3273](#)

Effective Date: September 29, 2019

#### Prescription Drugs Take-back Program

**Chief Sponsors:** Rep. Schouten; Sens. Heard, Steiner Hayward

**Committees:** House Health Care, Joint Ways and Means

**Background and Current Law:** Approximately a third of pharmaceutical drugs purchased in the United States go unused, are considered hazardous waste, and end up in water systems or landfills. Current disposal options are limited and inconsistent. In 2014, U.S. Drug Enforcement Administration (DEA) regulations expanded the types of locations allowed to accept unwanted medications on a routine basis. As of 2015, there are 615 authorized collectors nationwide that include drug manufacturers and distributors, narcotic treatment programs, retail pharmacies, and hospitals. Prior to this expansion, many people flushed unused prescription drugs down the toilet, resulting in contamination of the water supply, or kept them at home, leading to the theft and abuse of prescription drugs

**Bill Summary:** House Bill 3273 requires pharmaceutical manufacturers to develop and fund a statewide drug take-back program, which must be approved by the Department of Environmental Quality (DEQ). The measure directs the DEQ and the Oregon Board of Pharmacy to ensure compliance with the program.

**Oregon Laws 2019:** Chapter 659

---

### [House Bill 3279](#)

Not Enacted

#### Payment Parity in Medicaid for Behavioral Health Services

**At the request of:** Multnomah County Health Department

**Committees:** House Health Care, Joint Ways and Means

**Background and Current Law:** According to the Centers for Medicare and Medicaid Services (CMS), Medicaid is the largest payer for mental health services in the United States and plays a significant role in the reimbursement of substance use disorder services. CMS states that individuals with behavioral health issues (a mental disorder, substance use problem, or both) utilize significant health care services with approximately 12 million visits to hospital emergency departments across the country in 2007. State Medicaid programs are not federally required to establish uniform payment to providers of substance use disorder services and providers of mental health treatment, often resulting in different reimbursement rates for similar or identical services and limited to no access to urgent and critical mental health services.

**Bill Summary:** House Bill 3279 would have required the Oregon Health Authority (OHA) to pay providers of substance use disorder (SUD) services the same as mental health treatment providers, creating payment parity. The measure would have allowed OHA and coordinated care organizations to use alternative payment methodologies in Medicaid to reimburse SUD providers if payment methodologies were applied equally to mental health treatment providers.

### [House Bill 3307](#)

Not Enacted

#### Funding for Emergency Medical Services

**At the request of:** Oregon State Ambulance Association

**Committees:** House Health Care, House Revenue

**Background and Current Law:** The Oregon Health Authority's (OHA) Public Health Division was first organized in 1983 to license all ambulances operating in the state. Licensing and operation standards for basic and advanced life support ambulances were developed by the Public Health Division in cooperation with the State Emergency Medical Service Committee and the Ambulance and Emergency Medical Technician Advisory Council. Annual licensing fees were increased through Senate Bill 95 in 1994, with the assistance of a task force, to \$250 for services with five or more full-time paid employees and \$75 for services with four or fewer full-time paid employees.

**Bill Summary:** House Bill 3307 would have assessed a fee on emergency medical services providers to increase the amount of reimbursement paid by OHA for the cost of transport by ambulance.

---

### [House Bill 3397-B](#)

Not Enacted

#### State Cooperative to Purchase Prescription Drugs in Medicaid

**Chief Sponsors:** Rep. Hayden

**Committees:** House Health Care, Joint Ways and Means

**Background and Current Law:** In 2001, Senate Bill 819 created the Practitioner-Managed Prescription Drug Plan, which requires the state's Medicaid plan, the Oregon Health Plan (OHP), to maintain a list of the most cost-effective drugs to prescribe for fee-for-service enrollees (i.e., those not enrolled in managed care). This list is called the Preferred Drug List (PDL). New prescriptions for physical health drugs not listed on the PDL require prior authorization, meaning a health care provider must obtain approval from a health plan before the prescription can be filled. The Pharmacy and Therapeutics Committee (P&T Committee) is an 11-member advisory committee responsible for reviewing drug use and making drug policy recommendations for OHP.

**Bill Summary:** House Bill 3397-B would have established a cooperative to purchase prescription drugs for enrollees covered by OHP. The bill directs the Oregon Health Authority (OHA) to pay the lowest net cost for any prescription drug purchased, after rebates, for individuals enrolled in OHP using a third-party purchasing agent. The measure would have created the Oregon Medicaid Purchasing Cooperative to advise OHA, the P&T Committee, and the purchasing agent on the Practitioner-Managed Prescription Drug Plan and prescription drug purchasing in the medical assistance program.